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ABSTRACT

This module presents information for training paraprofessional school staff on providing cross-cultural support services to individuals with disabilities and their families. Both a facilitator's edition and a student's edition are provided. Chapter 1 offers an introduction to diversity and direct service and includes sections on terminology and cultural competence. Chapter 2 discusses self-identification and ways to learn about other cultures. Chapter 3 provides information on institutional cultural competence, including institutional and media bias. Individual cultural competence is discussed in chapter 4. Chapter 5 looks at similarities and differences between cultures. Using culturally sensitive and inclusive language is reviewed in chapter 6. Chapter 7 gives tips on being a culturally competent paraprofessional. Chapter 8 reviews previous information. The facilitator's edition offers learning activities and information sheets to be used as transparencies. A glossary of terms and a resource list of videotapes, books, journal articles, newsletters, and other publications are appended. (Contains 17 references.) (CR)

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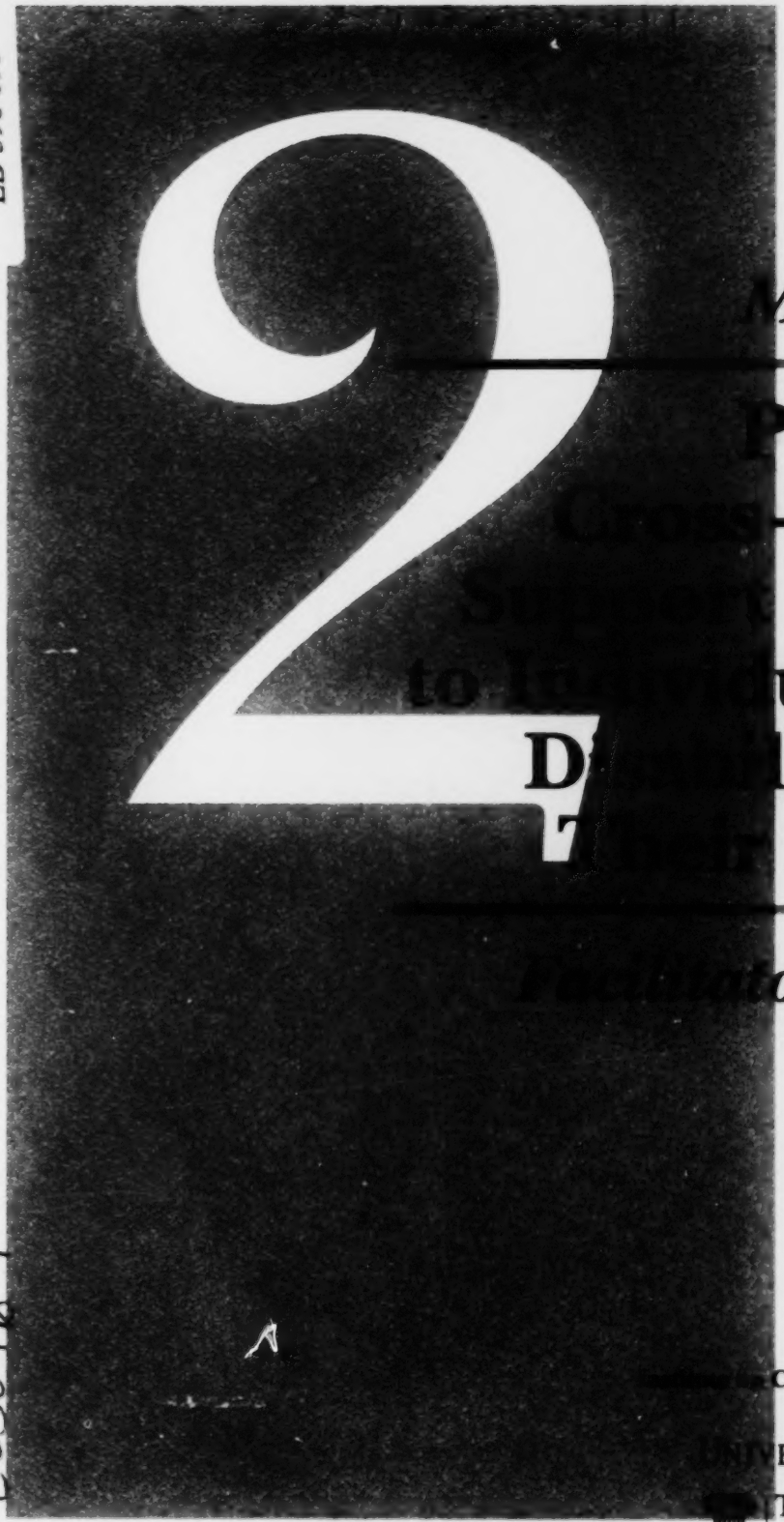

2

Module Two

Providing Cross-Cultural Services to Individuals with Disabilities and Their Families

Facilitator's Edition

EC 304087

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Prepared by
Community Integration (UAP)

UNIVERSITY OF MINNESOTA
The College of Education
and Human Development

Module Two

Providing Cross-Cultural Support Services to Individuals with Disabilities and Their Families

Facilitator's Edition

Prepared by
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The College of Education
& Human Development
UNIVERSITY OF MINNESOTA

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Table of Contents

An Introduction to the Series

Chapter 1 An Introduction to Diversity & Direct Service

2 *Section 1* Terminology & Definitions Used in Learning About Diversity
6 *Section 2* Cultural Competence
10 *Section 3* Culture & Direct Service

Chapter 2 Who Am I Culturally?

15 *Section 1* Who Am I Culturally?
17 *Section 2* A Cultural Journey

Chapter 3 Institutional Cultural Competence

21 *Section 1* Organizational & Institutional Bias
24 *Section 2* Media Bias
26 *Section 3* Cultural Bias in Assessment & Service Delivery to People with Disabilities

Chapter 4 Individual Cultural Competence

33 *Section 1* Identifying "Isms" & Assumptions
37 *Section 2* Cultural Influences

Chapter 5 Looking at Similarities & Differences

41 *Section 1* Cultural Similarities & Differences
50 *Section 2* In-Home Direct Service Supports

Chapter 6 Using Culturally Sensitive & Inclusive Language

61 *Section 1* Language and Individual & Family Culture
64 *Section 2* Bias in the English Language

Chapter 7 Being a Culturally Competent Paraprofessional

69 *Section 1* Working with Families

[*Continued*]

72 *Section 2* Celebrations and Food
73 *Section 3* Health & Independent Living

Chapter 8 Moving Forward on a Culturally Competent Journey

77 *Section 1* A Brief Review...
78 *Section 2* Revisiting the Cultural Competence Continuum

Appendices

81 *Appendix A* Glossary of Terms
91 *Appendix B* Resources

References & Resources

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Facilitator's Outline

About the Facilitator's Outline

This training module contains a facilitator's outline designed to assist instructors as they plan and prepare to teach the content of this course. The outline provides overviews of each chapter which include:

- Chapter goals to be accomplished by students.
- Materials necessary to teach each chapter including transparencies, supplemental readings, etc.
- Discussion questions to facilitate class lectures and discussions.
- Topics to be covered in each section.
- Activities to be completed by students both in and out of class.

These items are the same as those appearing in the outside margins of the facilitator's edition of this module. The discussion and activity notes, and answers to activity questions, appear in the facilitator's edition only – they do not appear in the students' edition. The text, however, is the same in both. In some cases, the discussions and activities may have been abbreviated in this outline, but provide the same basic information as it appears within the context of the chapter.

This can outline be used when planning lessons. It is a good idea to read through the outline before using it for instruction in order to know what to expect and learn how the material is tied together.

This module contains everything you will need to present the material: transparency masters and activity handouts are all included. The content of this module is based on a training series piloted in 1993 by Hutchinson Technical College in Hutchinson, Minnesota. Because of this, many references are specific to Minnesota's school and social service systems. We encourage instructors located in other states to replace the Minnesota specific information with information more relevant to their state.

Chapter 1
An Introduction to Diversity & Direct Service

Chapter Goals

Upon completing this chapter, students will be able to:

- Define *cultural diversity.*
- Define *cultural sensitivity.*
- Define *cultural competence.*
- Explain why it's important to provide culturally sensitive direct services.
- Identify appropriate strategies to learn how individuals and families prefer to be identified.
- Identify five essential elements of cultural competence and where they fall on the cultural competence continuum.
- Identify where the agency in which you work falls on the cultural competence continuum.
- Identify the basic components of understanding culture.

Necessary Materials

- Transparencies 1.1–1.7
- Overhead projector

Section 1: Terminology & Definitions...

Activity 1

Show the video *A Recipe for Life.* It illustrates what has been discussed in the importance of exploring and celebrating diversity.

Chapter 2
Who Am I Culturally?

Chapter Goals

Upon completing this chapter, students will be able to:

- Recognize the how culture affects day-to-day activities and self-identification.
- Identify your own cultural identity.
- Understand how one's own cultural history and identify can

influence the way in which we interact with others.

- Identify at least three ways to learn more about own cultural background and heritage.
- Identify at least two ways we can learn about other cultures.

Chapter 3
Institutional Cultural Competence

Chapter Goals

Upon completing this chapter, students will be able to:

- Define and provide an example of organizational or institutional bias.
- Identify ways in which the media foster institutional bias.
- Identify at least two examples of organizational or institutional bias within the developmental disabilities service delivery system.
- Provide examples of how the principles of normalization and age appropriateness can be misinterpreted and can result in culturally insensitive services being provided to individuals and families.
- Provide examples of cultural bias in the rules and regulations which govern many services to people with disabilities.
- Provide examples of cultural bias in the assessment and planning process for people with disabilities.

Necessary Materials

- Transparencies 3.1–3.6
- Overhead projector

Section 2: Media Bias

Activity 1

This activity requires the presentation of a videotape of a news or entertainment program which illustrates institutional bias. Biases could include illustrations of racism, handicapism, gender preferences, heterosexism, classism, etc. It's important to remember that media biases are often subtle. Therefore, you will need to watch possible programs and analyze the content for bias. An example of a bias and stereotyping in the news may be a series of news broadcasts which show African Americans in reporting of crime while depicting European Americans in all

other "positive" news stories. Another example could be a television program that only shows American Indians in "traditional" dress, drunk on the streets, or disrupting "the peace."

Chapter 4
Individual Cultural Competence

Chapter Goals

Upon completing this chapter, students will be able to:

- Identify your own cultural biases.
- Define *racism* and give examples of racist behavior.
- Define *heterosexism* and give examples of heterosexist behavior.
- Define *sexism* and give examples of sexist behavior.
- Define *handicapism* and give examples of common bias toward people with disabilities.
- Identify how cultural influences have affected your own choices and decisions.

Necessary Materials

- Transparency 4.1
- Overhead projector

Section 1: Identifying "Isms" & Assumptions

Activity 1

Students who are sure that they don't have "any reluctance at all" about their favorite young relative having a lifetime commitment to a member of one or more of those groups are asked to raise their hands. To ensure that students overtly rather than tacitly admit bias, ask them to indicate by raising their hands if they would feel any bias against one or more of those groups – especially when considering the lifetime commitment of their favorite young relative with a member of one or more those groups. Ask that everyone – including yourself – acknowledge their bias. As instructor you should then facilitate a mini discussion on biases being ingrained in society due to the inherent feature in American culture. All people raised in this society inevitably developed bias against some group somewhere some time. Bias is a prejudgment of others in the absence of information about them as individuals. You should discuss prejudice as an attitudinal problem based on noncritical thinking, rather than a "sin" or personal flaw. Students are then asked to agree

to be honest in expressing their feelings in the training setting, to allow their classmates the same honesty, and to agree not to judge any member of the class in or out of class for any opinions expressed. After this discussion give the following vignettes to the class. These vignettes describe culturally different people. Ask the class is asked to indicate whether bias exists or doesn't exist in that situation, and if it does exist to determine which function the bias served. You as instructor should assume a neutral role. The overriding purpose in introducing the vignettes is to facilitate a learning process whereby students could clarify their own and their classmates' perceptions of bias and the functions of that bias. It's less important whether individual students come to the correct decision about whether bias exists in a particular vignette.

Chapter 5
Looking at Similarities & Differences

Chapter Goals

Upon completing this chapter, students will be able to:

- Identify common cultural threads.
- Identify similarities and differences in the histories, values and beliefs, perspectives on disabilities, language and communication, and cultural courtesies and recommendations of various cultural groups.
- Identify strategies for providing culturally sensitive in-home supports to people with disabilities and their families.

Section 2: In-Home Direct Service Supports

Activity 1

Have each student consider parts one through three of this worksheet. Then have each student interview another student using this as a tool. Have them base their responses on their current family structure. If they don't have children, have them base their responses on the family in which they were raised.

Chapter 6
Using Culturally Sensitive & Inclusive Language

Chapter Goals

Upon completing this chapter, students will be able to:

- Provide examples of how language discriminates and excludes people based on culture, gender, ethnicity, sexual orientation, and ability.
- Develop and awareness of how written and spoken language used in agencies and organizations is often non-inclusive.
- Develop an awareness of how agencies and direct service providers or paraprofessionals can use inclusive language.

Necessary Materials

- Transparency 6.1
- Overhead projector

Section 2: Bias in the English Language

Activity 1

Have students consider more examples concerning families and issues surrounding family relationships and definitions.

Activity 2

Have students consider more language or visual examples where light or white is synonymous to good and dark or black is synonymous to bad or evil. Ask students to provide examples from movies, broadcast or print media, or even from language usage.

Chapter 7
Being a Culturally Competent Paraprofessional

Chapter Goals

Upon completing this chapter, students will be able to:

- Provide examples of how paraprofessionals, organizations, and agencies can be culturally sensitive when working with families.

- Provide examples of how paraprofessionals can be culturally sensitive when assisting in preparing and planning meals.
- Provide examples of how paraprofessionals can be culturally sensitive when assisting in celebrating holidays and traditions.
- Provide examples of how paraprofessionals can be culturally sensitive when providing health supports and when teaching independent living skills.

Section 1: Working with Families

Activity 1

Have students watch the videotape *Working with Families.*

Facilitator's Note

These examples are designed to illustrate potential situations that might arise when paraprofessionals are providing supports to people with disabilities. It's important to remind participants that we often make culturally biased assumptions in our work situations. These examples should help you illustrate situations in which bias exists or assumptions were made in which workers were not culturally aware. Remember, paraprofessionals are employed in agencies in which they are often caught in situations where they make decisions in isolation and in accordance to many rules and regulations which are often not culturally sensitive. Explore these examples with the participants and point out where and when cultural assumptions were made.

Introduction

An Introduction to the Series

This series should be useful to paraprofessionals and paraeducators in education as well as direct service staff in community agencies in preparing for a career or in upgrading skills while already employed. Skills needed by individuals working under a variety of titles are often similar. Our focus is on those individuals working in education, but most of the information contained in this series is appropriate for others; please feel free to adapt it where needed.

The Need for Today's Paraprofessionals

The need for paraprofessionals to work with persons who have disabilities has been growing in recent years. Increasing numbers of persons with a range of disabilities are now living in small residential settings in our communities, attending regular classes in neighborhood schools, holding jobs in local businesses, and participating in community recreation and social activities. There is a great need for paraprofessionals to provide the services and supports these individuals need for community living.

By employing paraprofessionals, services for persons with disabilities are able to expand and improve the quality of assistance they provide. Some of the benefits paraprofessionals offer service agencies and consumers are:

- Expanded learning opportunities for persons with disabilities.
- More individualized attention and instruction.
- Increased opportunities for individuals with disabilities to observe and learn appropriate behaviors.
- Increased planning time for educators, supervisors, and others.
- Improved staff morale.
- Better monitoring and evaluation of persons with disabilities.
- Greater consistency in services.
- Improved parent-school relationships.
- Greater involvement of persons with disabilities in education and other settings in the community at large.
- Transportation assistance for individuals with disabilities.
- Vocational skill development for individuals with disabilities.

The Role of Today's Paraprofessional

Paraprofessionals who work with individuals with disabilities have a variety of roles and definitions, depending on the environment in which they work. The Minnesota Department of Education (MN 3525.0200, Subp. 9b) definition states that a program assistant or pupil support assistant provides services to students only

under the direct guidance and direction of a regular or special education teacher or related provider, and those services must be:

- To enhance the instruction provided by the teacher or related staff in academic instruction, physical or behavior management programs, transition, and other integrated activities.
- To supplement instructional activities or to provide extended practice in instances in which the support assistant has had training from a special education or related services staff, and continues to receive ongoing direction and support from a special education teacher.

From the National Resource Center for Paraprofessionals in Special Education and Related Services (City University of New York) comes this definition of a paraprofessional:

A paraprofessional is an employee:

- Whose position is either instructional in nature or who delivers other direct services to individuals and/or their parents.
- Who works under the supervision of a professional staff member who is responsible for the overall management of the program area including the design, implementation and evaluation of instructional programs and the individual's progress.

Paraprofessionals provide services in the following areas:

- Educational programs
- Physical therapy
- Occupational therapy
- Speech therapy
- Recreation programs
- Early intervention and preschool programs
- Social work/case management
- Parent training/child-find programs
- Vocational training programs and job coaching
- Community programs
- Transition

Paraprofessionals are typically different from professionals in the amount of education, certification required for the job, degree of responsibility, and extent of supervision required.

Because the support of paraprofessionals is so essential to the success of individuals with disabilities, this series is dedicated to improving and enhancing skills for paraprofessionals.

About the Series

Whether you have years of experience working with persons who have disabilities or are just beginning, there are probably many

questions you have about the role of a paraprofessional. Some concerns and questions will be very specific to your work setting, while others will be more general. This series, *Strategies for Paraprofessionals Who Support Individuals with Disabilities,* will cover both.

This curriculum is primarily for paraprofessionals who are (or will be) working in educational settings (i.e., special and general education). It will, however, also be useful for those in direct service settings, such as vocational programs and residential settings.

The *Strategies for Paraprofessionals Who Support Individuals with Disabilities* curriculum has four general, or core, training modules and three specialized modules. The core modules, designed for all paraprofessionals, are:

- Module 1: The Paraprofessional: An Introduction
- Module 2: Providing Cross-Cultural Support Services to Individuals with Disabilities and Their Families
- Module 3: Promoting Self Advocacy and Facilitating Friendships and Socialization Skills for Individuals with Disabilities
- Module 4: Positive Behavior Strategies for Paraprofessionals

The three specialized modules that address competencies needed in specific types of service settings are:

- Module 5: Early Childhood: The Role of the Paraprofessional
- Module 6: Working with Individuals Who Are Medically Fragile or Have Physical Disabilities
- Module 7: Transition: The Role of the Paraprofessional

Each module is designed to stand alone, so you may select any one that best meets your needs. However, it's recommended that everyone begin with Module 1 because it provides a basic framework for work as a paraprofessional and for the material covered in all the other modules.

The training you are about to begin will not only address the current reality for paraprofessionals working with individuals with disabilities, but more importantly, the challenges for the future in your career as a paraprofessional. Paraprofessionals aren't expected to have a total understanding of all the concepts in these modules, but the paraprofessional who has a working knowledge of these core concepts will be most effective.

Guiding Principles

Each module emphasizes six basic guiding principles for paraprofessionals working with individuals with disabilities. Those principals include:

- The individual with a disability is the ultimate locus of control and is the most important member in the decision making process.

- The family is the other primary locus of control. Family involvement is essential in any decision making process.
- The team concept is essential in setting up a plan with an individual. This team includes the individual, the family, and all those working with the individual, including the paraprofessional. The paraprofessional is an essential link between what is and what can be for the individual. The best follow-through on any plan comes from teamwork.
- The community should be the basis for all training, as much as possible. This means that, whether offering real-life examples in the classroom or working in real life situations in the community, the focus must be on the most natural setting and support possible. This is essential so the individual can make connections between what is being learned on a daily basis and the real world. This will help the individual generalize the experience to similar situations in his or her life.
- Inclusion is the goal. This means that individuals with disabilities should be included in the mainstream of society – work, school, and recreation. Devotion to such a model will create the most positive results for the individuals and society as a whole. Inclusion suggests that we can and will all benefit by learning to work and live side by side with each other.
- The most effective paraprofessional will be the individual who has a good self-esteem and is able to be assertive. The assertive paraprofessional is able to ask for support and guidance from staff.

About You: The Adult Learner

We know that the adult learner learns differently than younger learners. This training reflects that understanding. In *Strategies for Paraprofessionals Who Support Individuals with Disabilities* we respect these principles about you, the adult learner:

- You are capable and eager to learn new information.
- You have voluntarily given your consent to become a part of this training, and are spending valuable time and money in order to participate.
- You have a rich range of experiences. Therefore you learn best when new information is built upon your past knowledge and experiences. That's why we will do exercises to help you synthesize the old and new information together.
- You come to a new learning situation as a self-reliant learner who has a good idea of how you want and expect to learn.
- Your willingness to learn is based on a combination of outside forces (family, kids, job, etc.) and inside forces (your anxiety, excitement, fears, etc.). All these factors are going to affect your feelings about learning.

- You come into new learning with your own agenda. You know what you want to get out of the training.
- You have set aside time and reorganized priorities to make this learning part of your already-busy life.
- You expect and genuinely appreciate a facilitator or instructor who is well-informed and well-prepared.
- You need to get actively involved in the learning exercises to get the most out of this curriculum.
- You want to apply what you learn to your own situations. That's when it has real meaning for you.
- You need a safe, comfortable environment in which to learn.
- You want to establish networks with others who are also interested in paraprofessional skills.

Because of these facts about you, trainers will:

- Review and ask questions about what you know.
- Respect and view you as a resource.
- Create a comfortable environment.
- Expect you to take responsibility for your own learning.
- Plan opportunities to practice new skills during class.
- Give examples of how to apply information.
- Use a variety of types of instruction.
- Provide ways to evaluate training.
- Use alternate methods to help you understand.
- Give information in a logical sequence.
- Give time for you to share your experiences.
- Give you the chance to get know other paraprofessionals.

After the Training

You will leave this training with more information about paraprofessionals than you had when you started. It's important to remember that no matter how much knowledge you have about your job, the individuals you work with are your greatest trainers. Each one is unique and has his or her own interests and needs. The greatest responsibility you have is to listen to those interests and needs, remember what you have learned, ask what is needed, and use that information in your working relationship and responsibilities.

Therefore, use this training as a basis and build your skills from this point, drawing upon each setting and individual. Whether client, student, teacher, supervisor, principal, director, or superintendent, you will learn from each. With each setting and situation your confidence, ability, and skills will continue to grow. Remember, this training is only as good as the degree to which you use what you learn; seek assistance so you can "do what you know."

1

Chapter One

An Introduction to Diversity & Direct Service

1 **Introduction**

2 **Section 1 Terminology & Definitions Used in Learning About Diversity**

6 **Section 2 Cultural Competence**

10 **Section 3 Culture & Direct Service**

14 **Summary**

14 **Questions to Ponder**

Introduction

Show Transparency 1.1

Throughout this course, culture will be defined as "the integrated patterns of human behavior that include thought, communications, actions, customs, beliefs, values, and institutions of a community or population" (adapted from Cross, 1988; United Way, 1994). While we tend to think of culture as applying to groups of people with a similar ethnic heritage, culture also applies to groups that are bonded by similarities in experience or views. For example, people with disabilities often deal with related the larger society's prejudices, barriers, and expectations regardless of their ethnic or social background. These similarities sometimes outweigh other differences and create a cultural perspective unique to people with disabilities. It's hoped that as a result of this training you will begin a life-long process of acknowledging cultural diversity. Cultural diversity deals with the differences in how people of various cultures go about meeting their needs.

This course is designed to make you aware of many similarities and differences related to culture, including cultural history, family values, child rearing practices, religion, views on disability causes and feelings about services, and cultural courtesies. You will also learn about cultural biases, institutional racism (how institutions and agencies support or discourage different cultures), and – more importantly – how cultural diversity affects your work with children and adults with disabilities and their families.

This training course is designed to guide you in:

- Exploring your own culture;
- Exploring other cultures; *and*
- Learning how culture influences and guides your life and the lives of those around you.

This course will challenge you to think about our society, yourself, the institutions in which you're involved, your culture, and how the information you've learned influences the way in which you support people with disabilities. Every day when we leave our homes and go to work, school, or socialize in the world, we experience and learn about diversity because we encounter different people with different experiences and backgrounds. Learning about culture and diversity isn't linear. It's a process that many of you have already begun – or might begin with this training – but you will continue throughout your lifetime. It isn't always comfortable, and at times during this training you may feel uneasy.

Because you provide services to all types of individuals and families, understanding diversity will assist you in enhancing the quality of service you provide. This learning process will help you work toward gaining a balanced perspective, which means that you will develop an understanding of diversity that is sensitive to the different realities and life experiences others may face. Families

and individuals have a right to receive culturally sensitive services, and as a paraprofessional it's important for you to be aware of diversity issues in order to provide the best possible services.

Upon completing this chapter, you should be able to:

- Define *cultural diversity.*
- Define *cultural sensitivity.*
- Define *cultural competence.*
- Explain why it's important to provide culturally sensitive direct services.
- Identify appropriate strategies to learn how individuals and families prefer to be identified.
- Identify five essential elements of cultural competence and where they fall on the cultural competence continuum.
- Identify where the agency in which you work falls on the cultural competence continuum.
- Identify the basic components of understanding culture.

Section 1
Terminology & Definitions Used in Learning About Diversity

Activity 1

Show the video *A Recipe for Life.* It illustrates what has been discussed in the importance of exploring and celebrating diversity.

Language is important when learning about diversity. Throughout this course we will use many different words to explain and refer to groups of people from various cultures, to describe the process of learning about diversity, and to explore cultural sensitivity.

Different people use different words or names to signify membership in a particular cultural group. This can be very confusing because we may not know the "right" name we should use when referring to a specific cultural or ethnic group. Names of ethnic and cultural communities seem to change so frequently that we may feel we're never really "up to date" about how a group or individual prefers to be identified.

Words sometimes used to refer to one's ethnicity may have intra-group differences – one generation may refer to their ethnic group with a name that may be offensive to a latter or previous generation who may use a different name. For example, a seventy year old man may refer to himself as "colored" or "Negro", a thirty year old may call herself "black", and a teenage boy may call himself "African American." In addition, some terms – usually fairly derogatory ones – may be acceptable or common between mem-

bers of the same group, but may be very offensive when used by a person who isn't a member of that group. Listening to how people refer to themselves and others, or asking the individual what word they use to refer to their culture and/or ethnicity, is the most respectful means to use the "right" words.

While language provides a bond for people to use to communicate, not all groups or individuals speak English as their primary language. Some people may see it as a sign of ignorance if an individual doesn't speak English, and others may have an expectation that if someone lives in this county they ought to speak English. Because we want to respect people for who they are and for how they choose to live, and we want to respect their ethnic and cultural identity, we need to acknowledge that English isn't the only way to communicate. People who, for example, use American Sign Language, augmentative communication systems, or speak Spanish, Hebrew, or Japanese deserve equal respect, courtesies, and commitment of resources compared to those who speak English as their primary language.

We have discussed the importance of asking people what name or word they prefer to use when talking about their cultural and/or ethnic identity. In this training, we will discuss different racial and ethnic groups. Because we need to have common terms to learn about and discuss ethnicity and culture, we have chosen words and names which are currently felt to be most respectful by a majority of people in the specific groups to which we refer. At the same time, we recognize that it's impossible to select words and names that will be accepted by all people from any given cultural group and that accepted terms change over time. We have carefully defined what we mean by each term and in no way intend for these words to be used in a culturally insensitive way. We recognize the importance of observing how people refer to themselves and, when appropriate, asking individuals how they refer to themselves. In addition, individuals may identify with a number of cultural groups. Being part of one group doesn't exclude a person from another one, and in fact most people can identify with more than one culture.

What Words Were Chosen to Refer to Groups in This Training and Why

African American

Show Transparency 1.2

This is a diverse group of people. Many Americans have ancestors who were brought to North America as slaves from Africa. Some African Americans are able to identify their country of ancestry, such as Senegal, Nigeria, Ghana, or Cameroon. The term *African American* is preferred by many over the term *Black*, because it links people to the continent of their ancestors. *Black* refers to brown or black skin color and has been used to describe people

who are of African, Caribbean, or South American origin. This term also includes some people who are Mexican, Puerto Rican, Cuban, Brazilian, Haitian, Jamaican, Guyanese, West Indian, and others. The use of *Black* began in the 1960s to identify African American heritage and was preferred at that time over the term *Negro,* which was used as a reference until the 1960s.

American Indian and Native American

American Indian is used to refer to a diverse group of people in North, South and Central America and the Caribbean. American Indians are members of hundreds of individual nations, speaking distinct languages and maintaining diverse cultural and spiritual traditions. Legal inclusion on tribal rolls usually requires an individual to be one-quarter American Indian by birth (but this criteria varies by tribe and government agency). Whenever possible refer to a person's specific tribe or nation, such as *Cherokee, Ojibwe.*

Native American is a term that is frequently used by non-American Indians, as a means of avoiding stereotypes that are often associated with the term *Indian.* Some of these stereotypes are associated with phrases such as *wild Indians* or *cowboys and Indians,* and is also avoided as a corrective to Columbus's mistaken appellation. The term *Native American* acknowledges the people who were indigenous to America prior to Columbus. The term *Native People* is used to be inclusive of indigenous people world-wide. Some individuals prefer to be referred to as *Native American,* while others prefer *American Indian.* The individual needs to be respectfully consulted on what is "term" is most comfortable for her or him.

Asian American

Asian American refers to a group of great cultural and ethnic diversity from many geographic countries, and pertains to Americans of Asian ancestry. It also pertains to American descendants from the Pacific rim, including areas of the northwest Pacific Ocean composed of more than 2,000 islands. Some countries in this group include, but certainly aren't limited to, China, Japan, Korea, India, Vietnam, Laos, Taiwan, Cambodia, Hawaii and the Philippines.

Asian American is preferred in place of the term *Oriental. Oriental* suggests racial rather than a cultural identity, and identifies the place of origin in terms of its location relative to the West, rather than in absolute terms. Whenever possible refer to the specific country of origin or clan, remembering that great variation exists among and between these groups and individuals.

Chicano and Latino

Chicano – or *Chicana* when referring to a female – refers to one who is Mexican American or relates to that culture, as well as to ethnic pride in some regions of the U.S. To some the term *Chicano* is derogatory. *Latino* – or *Latina* when referring to a female –

refers to a person of Latin American decent – those countries consisting broadly of Central and South America and Mexico.

To be most inclusive and sensitive to different political and cultural perspectives use *Chicano* and *Latino* when referring to the culture generally. When referring to a particular individual or family it's most sensitive and inclusive to ask them what terminology they are most comfortable with.

Hispanic/Hispano is the term currently least favored because of the reference to Spanish conquest and to American people of Spanish-speaking ancestry, or characteristics of the language, people, and culture of Spain and Portugal, as well as Central America, South America, and Mexico. The preferred use of various descriptors relates to linguistic, political, cultural, economic, and geographic realities. For example, *Hispanic* is preferred in the Southeast and much of Texas. New Yorkers use both *Hispanic* and *Latino*. In California, the term *Hispanic* is no longer used in mainstream newspapers because of community protest. In New Mexico some people prefer *Hispano*. In political circles there are variations on the use of the words as well.

European American

European American is used to refer to people of European ancestry, including people of German, Irish, French, etc., background, and is generally taken to refer to a group that is not a minority. *European American* is preferred to the term *White*, which primarily refers to having the very light skin coloration of one from primarily European origin, but also includes people indigenous to Northern Africa, Western Asia, and India. People who identify as *European American* may more directly relate to sub-ethnicities and cultures through religious affiliation or sexual orientation. Observing and/or asking people how they chose to refer to themselves is pertinent.

Gay, Lesbian, Bisexual, and Transgender (GLBT)

The term *gay* is sometimes used to refer to the entire "gay" community. However, this usage presumes that gay men, lesbian women, bisexual women and men, and transgender individuals form a monolithic community. It's more appreciated and accepting of the diversity between these three groups to refer to men who are attracted to others of the same gender as *gay men*, women who are attracted to others of the same gender as *lesbians*, and people whose attractions can be either to men or women as *bisexual women* or *bisexual men*. *Transgender* refers to a person genetically of one gender with a psychological urge to belong to the opposite gender. This person hasn't had surgery for sex reassignment, may never have surgery, and may or may not dress or assume the lifestyle of the opposite biological gender.

Homosexual and *homosexuality* refers to individuals whose romantic affections or erotic attractions are to members of the same

gender. *Gay, lesbian, bisexual,* and *transgender* are preferred over the use of *homosexual* because of the negative stereotypes, ambiguity, as well as the clinical implications of the term.

Person with a Disability

Person with a disability is used to refer broadly to people with all types of physical, cognitive, and emotional disabilities. It's preferred to terms such as *handicapped person* or *disabled person* because it focuses on the person and not the disability. It's best when referring to an individual you know to call him or her by name; when referring to an individual you don't know, use *person with a disability;* and when referring to a group use *people with disabilities.* It's also important to recognize that not all people with disabilities embrace people-first language. Some individuals prefer to be called *handicapped, disabled, crippled,* etc. It's important to respect these preferences when known.

Portions of these definitions were adapted from United Way of Greater Minneapolis, *No Shortcuts,* 1994; Gonsiorek, 1991; Greene, 1994; and Shidlo, 1994.

Section 2
Cultural Competence

Show Transparency 1.3

This training is designed to help you identify your level of competence regarding diversity issues. It may also help you develop a plan for yourself to better understand diversity. There are a number of different ways to think about being culturally competent and culturally sensitive. *Cultural competence* refers to a process that recognizes and responds to cultural differences: "A culturally competent person or agency recognizes and incorporates the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs" (Cross, 1988). Individuals, agencies, and institutions need to be culturally competent. We hope this training will help you to be more culturally competent and to assist you in more effectively providing supports to people with disabilities from different backgrounds and their families.

Being culturally competent can help alleviate misunderstandings about people from various cultures. Cultural competence is a developmental process and a way of responding to cultural differences. There are five essential elements that contribute to an individual, system, institution, business, or agency's cultural competence. These include:

- Valuing diversity;

- Having the capacity for cultural self-assessment;
- Being conscious of the dynamics when cultures interact;
- Having institutional cultural knowledge; *and*
- Having developed adaptations to diversity.

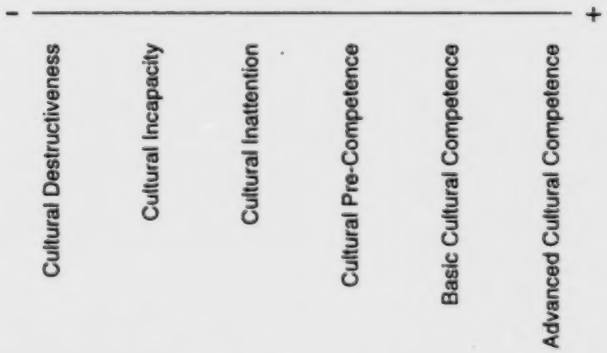
Cultural sensitivity implies an awareness that cultural differences *and* similarities exist. Cultural sensitivity also means being aware of the cultures represented in one's state or region, learning about some of the general parameters of those cultures, and realizing that cultural diversity will affect an individual's (and their family's) participation in any given support program. Cultural knowledge helps a direct service provider or paraprofessional to be aware of possible cultural differences and to be ready to respond to these differences appropriately (Lynch & Hanson, 1992). Cultural sensitivity doesn't mean knowing everything there is to know about every culture represented in a population.

The Cultural Competence Continuum

The Cultural Competence Continuum (Cross, 1988) can be helpful in identifying areas you want to focus on when trying to better understand culture and diversity. There are six points along this continuum: cultural destructiveness, cultural incapacity, cultural inattention, cultural pre-competence, basic cultural competence, and advanced cultural competence. Each point includes characteristics that an institution or a person holds. Remember, being culturally competent is a learning process. You and the agency you work in, might currently be at the same point on the continuum, and may desire to move to other points. Or you may be at one point and the agency in which you work might be at a different point. What's important is to remember that moving along the continuum will require life experience and commitment.

Cultural Competence Continuum

Show Transparency 1.4



Portions adapted from Terry Cross (1988). Services to minority populations. *Focal Point, 3* (1), 1–4.

Cultural Destructiveness

Attitudes, policies, and behaviors are actively destructive to cultures and individuals within the culture. This would include dehumanizing people you work with who are not of your culture by denying them the rights you would allow members of your culture. A person at this point on the continuum assumes that one culture is superior to others. From this perspective the dominant group often controls and exploits those people that aren't part of the dominant group.

For example, a company that fires an employee because he's gay or a store clerk who denies a customer with disabilities services because she isn't perceived as a "paying customer" are acting in culturally destructive ways. It's also culturally destructive when a store doesn't have an accessible entrance for people who use wheelchairs.

Cultural Incapacity

The person or system doesn't intentionally seek to be culturally destructive but lacks the capacity to work with people of other cultures. The person continues to believe that the dominant group is superior to other groups and may often maintain stereotypes about other groups. These people are characterized by ignorance, unrealistic fears, an inability to value or welcome diversity, and lower expectations of people from outside their culture.

For example, a residential home worker feels that the person with whom she works can't go into stores alone because he's African American and will steal. This fear is based specifically on the assumptions and fears she has regarding African Americans. Another example is that of a local television station that runs a weekly "focus spot"; last week they interviewed a European American who "beat the odds and attended college", the next week they interviewed an African American man who committed grand larceny and had just successfully completed a program for ex-felons and is now working in a manufacturing company.

Cultural Inattention

The person or agency expresses that they are unbiased toward members not of the dominant culture, but believes that culture, color, and ability make no difference. They function under the idea that everyone should be treated the same way. This approach ignores the strengths that diverse cultures provide, covertly encourages assimilation to the dominant culture, and ends up blaming people rather than cultural bias for their problems.

For example, an organization decides that they should no longer have organized celebrations for any particular holiday and decide instead to have fall and spring pot-lucks. However, the food sign-up sheet specifically asks for foods typical for a European American menu.

Cultural Pre-Competence

The person recognizes that he or she has weaknesses in serving members of cultural minority groups and attempts to improve the way she or he works with people of a divergent population. This person asks, "What can I do"? This person has begun the process of becoming culturally competent, but often lacks information on what is possible and how to proceed.

For example, a personal care attendant understands that the person she works with, who is African American, doesn't use the same hair care products as she does, but doesn't know were to go to find out what products the person does use. Or, a residential agency has a policy which embraces cultural diversity. However, their purchase order vouchers for food can only be used at a supermarket which doesn't stock foods typically eaten in Asian American cultures.

Basic Cultural Competence

The person accepts and respects difference while continuing to assess her or his own culture. The person continues to pay close attention to dynamics of difference, and continues to expand her or his own cultural knowledge and resources. The person varies the way she or he provides service to the person with whom she or he works in order to meet the specific needs of the individual and his or her cultural identity.

For example, a personal care attendant arrives at the home of an Asian American family to provide support to their son. She spends time observing the way in which this family interacts based on the knowledge she has of the Asian American culture, being aware of needing to avoid stereotyping. She asks the family questions about how they identify with Asian American culture. She asks non-judgmental questions and admits to not knowing everything about Asian American culture, but states that she wants to learn more. Or, a local mental health agency embraces cultural diversity and employs workers from similar cultural backgrounds as their consumers; this agency also publishes all reference and agency materials in languages spoken by their consumers.

Advanced Cultural Competence

The person seeks to add to the cultural knowledge she or he already has. The person holds culture in high esteem, can identify discrimination based on culture, and advocates for cultural competence in the agencies and systems in which she or he belongs.

For example, a man who is somewhat familiar with Mexican American culture works in a residential home setting where two residents he provides services to identify as Mexican American and speak Spanish. He's moving ahead to learn Spanish more fluently. Or, a classroom teacher identifies the cultural backgrounds of each student by observing the student and his or her family inter-

act, sending a questionnaire to family members, and asking questions when appropriate. She or he plans classroom celebrations based on the unique traditions and celebrations each child in the classroom and provides equal resources (time, money, energy) to each celebration. She uses each celebration as a means of educating all students within the classroom about diversity and different cultures.

Section 3
Culture & Direct Service

Show Transparency 1.5

As a direct service provider or paraprofessional, it's crucial for you to examine the cultural and individual practices of the people and families to whom you provide support. An individual's culture and practices should influence all of your interactions. You must also examine local community and agency cultural practices because these too will influence how you interact with the people to whom you provide supports. Culture can be social patterns, arts, beliefs, institutions and other products of human work and thoughts that are characteristic of a community or population. It's through culture that life is guided for each individual. Culture forms the identity of people, agencies and communities.

We must recognize that although people may be of the same cultural background, not all people who share the same cultural background will behave the same way. Thus, it's important not to make assumptions about someone based on their ethnicity or cultural affiliation. Individuals may differ in the degree to which they follow a variety of cultural practices, beliefs, patterns, and the extent to which they identify with that particular culture.

There are also differences in how people might view things. For example, a person from a different culture may not recognize the many regional and national variations of another culture. Often, non-Chicano and Latino folk will lump all Spanish speaking people together as one group. They don't recognize the different countries and cultures from which individuals come, let alone the variations within each culture related to gender, class, education, or socioeconomic status.

Think, for example, of the differences between two people who live in the U.S. and call themselves Mexican: one grew up in a family with a father who is college educated and works in a government ministry in economics while the other grew up in a family with a father who was a rural, peasant farmer who lived closely with the land. Both of these men are from Mexico, and call themselves Chicano, but they're from different cultural backgrounds. The cultural background of each of these men will significantly influence who they are today, how they view themselves and their

family, what they do for fun, what they value, etc. Don't make assumptions about people because of the language they speak, the color of their skin, or the way they look. More often than not, your assumptions will be wrong.

Individualizing Interactions

While some common practices can be identified for specific cultures (e.g. American Indian, African American, Asian American), as a direct service provider you will need to individualize your interactions and supports. It will be important for you to avoid stereotyping and making assumptions about people because of their cultural background and identity. You will need to tailor all your supports to the specific backgrounds and needs of the individual and/or family with whom you're working. This means you must include and recognize their cultural influences. The recognition of an individual's cultural practices and background will enhance your ability to understand the individual and her or his family and will assist you in establishing a positive relationship.

Your role in direct support will give you an opportunity to work with all types of people from all types of backgrounds. These backgrounds may be very different than yours. You will be interacting with the individual, his or her family members, other direct service providers, interdisciplinary team members, and friends. It will be important for you to gain insight and understanding of all of these individuals and their role in the life of the person to whom you're providing supports. You can gain this insight and understanding by withholding judgment regarding cultural backgrounds and individual differences, and by learning more about various cultures.

Understanding culture is complex. It entails:

Show Transparency 1.6

- Learning various characteristics, norms, and traditions of specific groups;
- Recognizing each person as an individual with differences unrelated to culture within specific cultural or ethnic groups; *and*
- Recognizing the individual's own definition of self within the context of his or her ethnic/cultural identities.

For example, a parent of a child with disabilities from an Vietnamese background tells you, "It's important for direct service providers to always keep in mind that they're working with people who are emotionally sensitive or stressed, and who can be upset easily. It's so important to have empathy regardless of differences in cultures." Finding out some general information about Vietnamese culture prior to arriving at the home may lessen the "stress" for the parent because you will more likely behave in a culturally sensitive manner by observing and asking respectful questions. Additionally, initiating discussion about how she incor-

porates her ethnic norms/values/traditions into her own and her family's life may lessen the stress for her and help in developing a relationship from the beginning.

As the direct service provider, you may have a different cultural background than the family or individual you're supporting. Because of these cultural differences, it's possible for there to be misunderstandings that have a cultural base. Misunderstandings that could have a cultural base may surround the ways in which routines are done; how recommendations are understood by the paraprofessional, the individual, or his or her family; and the ways assumptions are made through unspoken communication such as body language and eye contact.

For example, communication style and body language for some American Indian people can differ significantly from non-American Indian communication styles. Some American Indian people are raised to show respect for people of authority by avoiding direct eye contact and not asking direct questions. One direct service provider misinterpreted the American Indian mother's interest in the status of her work with her child because the mother didn't make eye contact. This is one way that not having the knowledge about communication among some American Indians could affect the relationship between the worker and the mother of the child (Lynch and Hanson, 1992). Being culturally competent can assist you in avoiding or reducing the frequency of these types of misunderstandings.

Cultural Meanings of Disability

In your role as a direct service provider/paraprofessional supporting individuals with disabilities and their families, it's important for you to recognize that different cultures attach very different meanings to the presence of disabling or "at-risk conditions" (Lynch & Hanson, 1992). The way a family views the causation and the presence of disability will affect the way in which they want to receive support services and, consequently, the way in which you provide supports.

Consider this example. You're providing in-home supports to a child with a severe disability and you overhear the child's mother state that it's her fault her child can't speak. What assumptions do you make? Do you consider that it may be part of the cultural beliefs of this family that parents are to blame for any "difference" in children? Do you assume that this mother is implying she has abused her child? The assumptions you make will affect how you work with these families. Your perception of the causes of disability will also affect how you accept others' perceptions.

Or, as another example, you're working in a residential program with Joe and his family picks him up to take him out for the day. When Joe returns from his day with his family he smells differently then when he left the house. You notice that he has strings

of herbs around his neck and on his head. What thoughts first come to mind? How do you address the presence of these herbs? How do you find out what their meaning is – or does it even matter what their meaning is? Is it acceptable to ask about the herbs?

Portions above were adapted from Lynch & Hanson (1992).

Cultural Identification

Show Transparency 1.7

As you're learning about different cultural characteristics, avoid making assumptions about people's behaviors based on your knowledge or stereotypes of their culture. Making assumptions can lead to harmful generalizations. Remember, the degree to which a person identifies with his or her culture will vary from individual to individual, and from family to family. In essence, cultural identification falls on a continuum, from close identification of culture to no identification of culture.

Close Identification

An example of *close identification* might be the following: You're providing vocational supports to Imbul, who is twenty-four years old and is a Muslim. His family is from Iran. He and his family prescribe to religious activities such as reading from the Koran several times a day. It's important that Imbul be able to vary his work schedule to accommodate this practice. You also notice that when you take Imbul home no one wears shoes in the house and as a family they speak their national language. Imbul has also told you he can't eat bacon or ham (pork products).

Some Identification

An example of *some identification* might be the following: Haleh is a forty year old female who is from Pakistan and is Muslim. You notice that she wears Western-style clothing when she's at work, but wears traditional Pakistani clothing when she celebrates Ramadan and Ghorban. Her family speaks English, doesn't wear shoes in the home, and doesn't read from the Koran daily.

No Identification

An example of *no identification* might be the following: Moin is eighteen years old and prefers to be called "Mo". He's originally from Iran and his family is Muslim. He speaks English, wears Western-style clothing, and his family doesn't read from the Koran daily. His family usually celebrates Thanksgiving and exchanges gifts on Christmas, even though they aren't Christian.

Summary

In this chapter we have introduced you to the importance of understanding, celebrating, and learning about cultural diversity when working with people with disabilities and their families. We discussed that when learning about cultural diversity it's important to explore your own cultural identification, the cultural identifications of others, and to learn how culture influences and guides your life and the lives of those around you. We discussed the importance and variability of terminology when referring to cultural groups. Due to these variations, we explored the importance of observing and respectfully asking those who you're working with what words they prefer. We also discussed the importance of identifying your level of cultural competence. Finally, we talked about differences and individuality in cultural identification and how recognizing these differences can aid you in supporting people with disabilities and their families.

Questions to Ponder

- Why are communication, language, and terminology so important in understanding diversity?
- Have you ever been in a situation where you used "the wrong word"? How could you have prevented the situation?
- Have you ever gotten cultural information directly about a person to whom you provide supports and/or their family? How?
- Have you gotten cultural information indirectly about people to whom you provide supports and or their families? How?
- Where do you think you fall on the continuum in your cultural competence?
- What factors do you think have contributed to your competence level?
- How culturally competent is the agency in which you work? How culturally competent are your co-workers?
- How culturally competent is our society in general?
- How closely do you identify with your culture?

2

Chapter Two

Who Am I Culturally?

15 **Introduction**

15 **Section 1 Who Am I Culturally?**

17 **Section 2 A Cultural Journey**

20 **Summary**

20 **Questions to Ponder**

Introduction

In thinking about culture and cultural identity, it's important for you to understand who you are culturally and how you perceive your cultural identification in comparison with others in your cultural group. For example, you may be an African American woman who identifies as a lesbian and has a physical disability. It's important that you understand yourself in terms of your identification with your African American culture, the gay/lesbian/bisexual/transgender culture, and being a woman. You may see your cultural identification as completely different than another person who also has African American experiences. This chapter will provide you with information and exercises designed to help you in exploring who you are culturally.

Upon completing this chapter, you should be able to:

- Recognize the how culture affects day-to-day activities and self-identification.
- Identify your own cultural identity.
- Understand how one's own cultural history and identify can influence the way in which we interact with others.
- Identify at least three ways to learn more about own cultural background and heritage.
- Identify at least two ways we can learn about other cultures.

Section 1
Who Am I Culturally?

Many people have never realized the importance of taking the time to explore their own culture and it's influence in their lives. If we don't understand the events, traditions, activities and norms that have influenced our lives, it's impossible to understand or even recognize cultural similarities and differences with others.

For example, Rachel is a sixty-year-old female who lives in a group home. Sipra is a new staff person. One evening Sipra noticed that Rachel didn't eat her dinner. When she asks Rachel about this, Rachel said "because I don't want to". Sipra then encouraged her to eat so that she doesn't get hungry later that evening. Rachel became very upset, yelled at Sipra and left the table. Sipra wrote a note in the staff log that Rachel exhibited challenging behavior at dinner that night. What Sipra didn't realize was that Rachel is Jewish and that evening was the beginning of Yom Kippur, a holiday of atonement which includes fasting for twenty-four hours. Although Rachel couldn't explain this, she

knew her family didn't want her to eat dinner that night for religious reasons. If Sipra had learned more about Rachel, her family, and their customs, she might have recognized that Rachel wasn't exhibiting challenging behavior at all, but was trying to celebrate an important holiday to her. Sipra may have begun this understanding by examining her own life and the holidays and celebrations that are observed in her own culture.

The following activity is designed to facilitate your process in gaining insight about you as a person and about how culture affects your life. Think carefully about each question and take time in answering each of them. The more thought you put into this exercise, the more understanding you will gain about yourself and, therefore, the easier it will be for you to understand others.

Activity: Who Am I and What's Important to Me?

Answer the following questions. Reflecting on your answers may assist you in gaining some insight into how culture affects your daily lives.

- What languages do you speak? Do you speak different languages at home and in public?
- What music do you enjoy?
- What clothes do you like to wear?
- What colors and styles do you like?
- How do you like to decorate your home?
- What decorative items do you have in your home?
- What foods do you eat regularly?
- What foods do you not eat?
- What holidays, if any, do you celebrate?
- What other events do you celebrate?
- Who is in your family?
- How important is your family in making life decisions?
- How often do you see your family members?
- Who is the most important older person in your life?
- Who do you feel should raise your children?
- If you have children, who watches them for you during the day? Who baby-sits?
- How do you determine if someone is an authority figure?
- What and how do you (and your family) acknowledge life events, such as marriage, anniversaries, births, deaths, etc.?
- What religion are you?
- How important is silence to you?
- What are your culture's expectations for men and women?

- How important are possessions?
- How important is community? What are significant communities for you and your family?

Section 2
A Cultural Journey

Self-awareness is the first step on the journey toward cross-cultural knowledge. The activity in the last section was useful in getting you to understand who you are and how culture has affected your life. The "Cultural Journey" activity in this section is designed to assist you in understanding your individual history, origins, experiences, and behaviors. All of these have influenced you as a person and therefore will influence the way you provide supports to people with disabilities. This exercise will also be useful in getting you to begin "thinking about" or "imagining" what it might be like to be a person from a culture different from yours.

Activity: Looking at Your Cultural Background

Culture isn't just something someone else has. All of us have a cultural, ethnic, and linguistic heritage that influences our beliefs, values, and behaviors. To learn a little more about yourself, take this simple cultural journey by thinking about these questions.

Origins

1 When you think about your roots, what countries other than the United States (if you aren't American Indian) do you identify as a place of origin for you or your family? If you're American Indian, what tribal nation do you identify with?

2 Have you ever heard any stories about how your family or your ancestors came to the United States? Briefly, what was the story? If you're American Indian, have you heard tribal stories?

3 Are there any foods that you or someone else prepares that are traditional for your countries or tribes of origin? What are they? How are they celebrated?

4 Are there any celebrations, ceremonies, rituals, holidays that your family continues to celebrate that reflect your countries or tribes of origin? What are they? How are they celebrated?

5 Do you or anyone in your family speak a language other than English because of your origins? If so, what language?

6 Can you think of one piece of advice that has been handed down through your family that reflects the values held by your ancestors in the countries or tribes of origin? What is it?

This background to family origin helps define one's own heritage and paint a picture of one's family. This can be done in a more extensive way through recollections with other family members, family albums, tribal documents, journals, etc. Genealogy can also be obtained through computer searches and in libraries.

Beliefs, Biases, and Behaviors

1 Have you ever heard anyone make a negative comment about people from your countries of origin, your culture, your religion, your gender? If so, what was it?

2 As you were growing up, do you remember discovering that your family did anything differently from other families you were exposed to because of your culture, religion, gender, or ethnicity? Name something you remember that was different.

3 Have you ever been with someone in a work situation who did something because of his or her culture, religion, gender, or ethnicity that seemed unusual to you? What was it? Why did it seem unusual?

4 Have you ever felt shocked, upset, or appalled by something that you saw when you were traveling in another part of the world or country or with someone from a different culture? What was it? How did it make you feel? Pick some descriptive words to explain your feelings. How did you react? In retrospect, how do you wish you would have reacted?

5 Have you ever done anything that you think was culturally inappropriate when you have been in another country or with someone who is different from you? In other words, have you ever done something that you think might have been upsetting to another person? What was it? What did you do to try to improve the situation?

As a direct care provider you may want to examine the values you have identified as important to you in order to determine the degree and the extent to which they affect your work with individuals with disabilities and families. For example, if you value punctuality and careful scheduling you may need to examine any frustration you may have with families who place less emphasis on clock and calendar time.

Imagine

1 If you could be from another culture or ethnic group, what culture would it be? Why?

2 What is one value from that culture or ethnic group that attracts you to it?

3 Is there anything about that culture or ethnic group that concerns or frightens you? What is it?

4 Name one concrete way in which you think your life would be different if you were from that culture or ethnic group?

Today, cultural differences are beginning to be viewed as individual strengths, and we are moving away from the historical perspective of viewing our society as a "melting pot" in which differences in people are "melted away". As a result of this change it's important that differences are valued, discussed, and respected. The attractions, as well as concerns, you have identified for a culture other than your own can affect how you feel when you work with a person from those cultures. For example, if you feel you highly value the American Indian culture how could this affect you work with a person or family of the American Indian culture? Understanding the issues a person from a specific culture experiences can shape your relationship with them.

After exploring your own origins and backgrounds it's important to then become familiar with other cultures. There are many ways in which to do this, such as reading materials, working and visiting with individuals from other cultures, and being involved in day to day activity with someone from another culture. With your daily contact with families of different cultures you may also be able to learn from those with whom you work by opening discussion about their culture.

Portions above were adapted from Lynch & Hanson, 1992.

Activity: Learning About Your Background

Sometimes there are gaps in the information known about our own cultural history and individual background. Some ways to find out more information about your heritage include asking other members of your family questions about family history; reading any documents that were kept from other generations; looking at family pictures; calling relatives or extended family members; or reading/talking about others' experiences from your culture.

In this activity, you're asked to try to find out information about your cultural and historical background. Some questions you might want to try to answer could include:

- From what country did your families originate?
- If you're American Indian, what is your tribal history?
- What year did your ancestors arrive in the United States?
- What is the history of your last name? What is the history of your first name? Or, if you have changed one of your names from what it originally was, what is the history of that name?
- Are there any family history stories that have been passed down to other generations?
- Are you able to find any artifacts – such as pictures, naturalization papers, treaties, marriage certificates, maps – that reflect your families' history?

If you were adopted, you may explore the cultural history of your adoptive family since that's the cultural framework in which you were raised. Or, if you have access to information about the culture or history of your birth family, you may want to explore this. You may want to look at the way that the ethnicity of your birth family has effected your experience growing up in your adoptive family. If the two are very different, for instance African-American and Swedish-American, how has the difference influenced your sense of where you "fit" in different groups.

Summary

This chapter discussed the importance of understanding who you are culturally and how you perceive your cultural identification in comparison with others in your cultural group. We reviewed how culture influences our lives and how we perceive the behaviors and practices of others. You also had the opportunity to identify your own individual influences, origins, beliefs, biases, behaviors, and cultural and historical backgrounds. Hopefully, this self-exploration will assist you in better providing supports to the individuals to whom you provide services.

Questions to Ponder

- How can understanding who you are culturally be beneficial in providing supports to people with disabilities?
- Prior to this activity have you thought about how culture influences you? What were the occasions?
- Did you learn anything new in reflecting on your answers?

3

Chapter Three

Institutional Cultural Competence

21 **Introduction**

21 **Section 1 Organizational & Institutional Bias**

24 **Section 2 Media Bias**

26 **Section 3 Cultural Bias in Assessment & Service Delivery to People with Disabilities**

32 **Summary**

32 **Questions to Ponder**

Introduction

All organizations reflect the biases, strengths, priorities, and weaknesses of their founders. Organizations which are founded by European Americans will very likely be based on structures, language, processes, hiring, foods, etc., that feel comfortable and "normal" to them. Yet what is comfortable for some can be very uncomfortable for others. Organizations and their members need to become more culturally competent, which also means welcoming cultural diversity. This is often difficult for European Americans, since the United States is geared to their norms, and it's rare for settings to be unwelcoming. However, you may have had the opportunity to travel outside of the United States and through this experience may have gotten a feeling for what it's like not to be part of the majority culture. Or, if you are heterosexual, you may have gone to a gay/lesbian/bisexual/transgender bar and also felt what it was like to be a minority.

Upon completing this chapter, you should be able to:

- Define and provide an example of organizational or institutional bias.
- Identify ways in which the media foster institutional bias.
- Identify at least two examples of organizational or institutional bias within the developmental disabilities service delivery system.
- Provide examples of how the principles of normalization and age appropriateness can be misinterpreted and can result in culturally insensitive services being provided to individuals and families.
- Provide examples of cultural bias in the rules and regulations which govern many services to people with disabilities.
- Provide examples of cultural bias in the assessment and planning process for people with disabilities.

Section 1
Organizational & Institutional Bias

Show Transparency 3.1

Organizational bias is much like individual bias except it refers to bias which exists within agencies and organizations and degrades diverse and minority groups. There are many ways in which this bias can be expressed. The following activity is designed to assist you in exploring organizational bias.

Activity: Looking at Bias

Take a few moments to answer these questions. Imagine going into an organization or agency like a hospital, group home, school, or treatment center:

- What makes you feel welcome?
- What makes you feel unwelcome?
- How do you decide to whom to speak? Does this person have any special features (appearance, clothing, signs on his or her desk or on wall decorations) that influence your decision?
- If you had the power, how would you change that organization or agency to make it feel welcoming to you?

Now imagine that you're a client of this organization or agency. Do you feel like you fit in? Consider the following:

- How fluent are the people in this organization in *your* native language? If you speak another language or use augmentative or alternative communication systems, how comfortable are you discussing your history using that language?
- Are the furnishings comfortable for you – are there tables and chairs; are they floor-height or chair-height; are the decorations familiar; are the toilet facilities familiar to you?
- What is the food like? Do you recognize the ingredients? Is it cooked in a familiar way? Do you feel warmed and nourished by it? Can you get some of your favorite "comfort foods"? Do you have any control over the preparation process?
- Are there uses of language that make you feel uncomfortable? Are there pictures that stereotype?

These are only a few of the things that make up the institutional "flavor" or "culture." What other things do you notice about the atmosphere?

- Is the noise level familiar to you? The music?
- Do people make a level of eye contact that is comfortable to you (too much, not enough)?
- Are there mixed gender/race/ability/class groups? Is this a positive or a negative for you?
- Are families included or consulted in the process of your treatment? Do staff speak only to men, only to women, or directly to the person with disabilities about you or the family? Is your family available to advocate for you?
- Are forms you have to fill out written in and/or presented to you in your language? Is there a translator/interpreter if you need one? Does the translator/interpreter seem to understand you and convey the real meaning of your words? Does he or she change your words so you'll fit in better?

- Do people in charge speak directly to you?
- Is change too quick or too slow?

Show Transparency 3.2

It may have been difficult for you to imagine yourself in a totally foreign culture, but perhaps this has given you some things to think about. Most consumers of social and educational services have developed some skills in negotiating the majority culture systems in the United States, regardless of their cultural backgrounds. They've had to learn to negotiate in order to survive. However, they're most likely to learn, cooperate, give complete and accurate information, etc. if they feel understood and welcomed and feel as if the organization is open to their needs. Creating organizational openness is a long process which only unfolds as the sensitivity of the leaders and staff increase.

This long-term cultural sensitivity process is the responsibility of both the organization and the members of the organization (that includes direct service providers and paraprofessionals). Some organizations do regular training that includes cross-cultural awareness. Some have developed community contacts to help the organization and its members raise their own awareness regarding diversity issues. Many include the consumers of services and families in the cross-cultural awareness process. Some provide funding for training in cultural competency to take place outside of the organization for their staff. Many hire affirmatively, meaning that they make active efforts to hire members of minority groups and women in order to have a diverse staff who will be familiar with different cultural traditions. Many also choose to hire staff with different language skills or have translators and interpreters "on-call" to whom they can refer for assistance in understanding language and communicating. What about the organization in which you work? What organizational bias exists within this agency?

When primarily European American organizations begin the process of increasing cultural competence, they often feel inadequate – in part because this isn't a skill the dominant culture in the United States has developed. These organizations often discover that asking questions makes more questions appear. Sometimes even just opening up the issue of organizational culture competence feels frightening. It can sometimes feel as if the organization makes itself more vulnerable to charges of racism or sexism. This process also can feel overwhelming, since it isn't possible for workers or organizations to learn all about languages and cultures with equal skill. However, accepting the frightening and overwhelming feelings is an important beginning. Start by doing something *now*, then continue to be open to life-long learning about differences and similarities and how these affect organizations and agencies.

Section 2
Media Bias

Show Transparency 3.3

As the United States has become technologically advanced, one of the primary means of exposure to difference is through the media. Television is a primary mode of education, information dissemination, and entertainment. Unfortunately, many of the messages delivered both directly and subtly through the media are riddled with bias. Not a day goes by where one can't find bias in any major television network or within most television programs. Do you notice these biases?

Think for a minute: how often do you see positive portrayals or stories about people with disabilities, African Americans, or other non-European cultures in the television news? How often are people from diverse cultures represented in videos you have watched when training for a new job? Part of being culturally competent is being able to analyze what is presented to you daily . It's important to look for biases and not be influenced by them.

Not only are there covert illustrations in the media, there are also invisible people. For example, in one hour of television – including the commercials – how many people with physical disabilities do you see? How many people with cognitive disabilities do you see or hear?

These depictions only work in fostering institutional stereotypes and the oppression of racial and ethnic minorities. The following activity is designed to help you recognize the societal and institutional reinforcements of our perceptions of what groups are or aren't "accepted" in this society. Many of the racist and negative stereotypes we're taught as individuals are developed through what the media represents. The only way to change how the media influences us negatively in accepting others' diversity is to learn to be a critic of the pictures we see and the language we hear in the media and society.

Activity: Recognizing Media Bias

In this activity you will view a taped television program or news broadcast provided by the instructor which illustrates media institutional bias. Many depictions in the media work to enforce and foster hurtful stereotypes, negative attitudes, and racist ideas we as individuals hold about people who have different ways of living than ourselves. By showing us pictures of what is acceptable and what isn't, we internalize these messages. Not only are there hurtful images on television, but many people are "invisible" as well. For example, have you ever watched television for an hour and counted how many people with disabilities you see? The goal of this exercise is to help you in watching television critically, notic-

ing the portrayal of different ethnic and racial groups, the invisibility of groups, and the situations in which groups are shown.

- What cultures/groups/individuals were shown in the program? How many times?

_____

_____

- Were some cultures/groups/individuals portrayed as being more "acceptable" or "likable" than others? How?

_____

_____

- Were there any common stereotypes you're aware of that were illustrated in this program? If yes, what were they and how did seeing them make you feel?

_____

_____

- What cultures/groups/individuals weren't shown in the program?

_____

_____

- Do you think that watching this videotape will change the way you watch television? If yes, in what way?

_____

_____

Activity: Direct Service Training Bias Exercise

As a paraprofessional, you will experience many hours of important training on different issues and practices. Unfortunately, the biases and exclusions we discussed in the exercise on the media reinforcing and fostering biases about groups and individuals are sometimes also a part of the training programs for direct care providers. Watch the videotape *A New Way of Thinking* (or any other training video made for paraprofessionals) to see if there are any of the same exclusions, biases, or influences we looked for in the television program or videotape.

- What cultures/groups/individuals were shown in this training video? How many times?

_____

_____

Activity 1

This activity requires the presentation of a videotaped recording of a news or entertainment program which illustrates institutional bias. Biases could include illustrations of racism, handicapism, gender preferences, heterosexism, classism, etc. Remember that media biases are often subtle. Therefore, you will need to watch programs and analyze the content for bias. An example of a bias and stereotyping in the news may be a series of broadcasts which show African Americans in reporting crime while depicting European Americans in all other "positive" news stories. Another example could be a television program that only shows American Indians in "traditional" dress, drunk on the streets, or disrupting "the peace."

Activity 2

Show the videotape A New Way of Thinking or another instructional videotape for paraprofessionals, and repeat the previous exercize.

- Were some cultures/groups/individuals portrayed as being more "acceptable" or "likable" than others? How?

_____

_____

- Were there any common stereotypes about cultures/groups/individuals that you're aware of which were illustrated in this training video? If yes, what were they? How did seeing them make you feel?

_____

_____

- What cultures/groups/individuals were missing or not shown in the training video?

_____

_____

- Do you think that watching this videotape will change the way you watch and learn from training in the future? If yes, in what way?

_____

_____

Section 3
Cultural Bias in Assessment & Service Delivery to People with Disabilities

Show Transparency 3.4

Institutional and organizational biases definitely exist in delivery of services to people with developmental disabilities in the United States. These biases are displayed in many ways, including:

- The philosophy and guiding principles of the field of developmental disabilities.
- Rules and regulations which govern services to people with developmental disabilities.
- Prescribed assessment processes for eligibility, access, and continuation of services.

You may not have previously thought about some of these biases. Let's see as we explore some of the more concrete and obvious examples of institutional and organizational bias within the field of developmental disabilities.

Philosophy and Guiding Principles

There are many philosophies or principles commonly accepted within the field of developmental disabilities. These principles have served to guide the development of new services and to change existing services. Two such principles are *normalization* and *age appropriateness*. In theory, these principles have solid grounding and advanced and challenged the field of developmental disabilities. However, both can be misinterpreted, thus leading to culturally insensitive supports for people with disabilities and their families. Let's explore each of these principles further.

Normalization

Show Transparency 3.5

Normalization has been defined – and consequently interpreted – in many different ways. Some of its many definitions are listed below:

> "Letting the mentally retarded obtain an existence as close to normal as possible" — *Bank-Mikkelsen, 1950s*

> "The normalization principle means making available to all mentally retarded people patterns of life and conditions of everyday living which are as close as possible to the regular circumstances and ways of life of society." — *Nirje, 1969*

> "Utilization of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviors and characteristics which are as culturally normative as possible" — *Wolfensberger, 1972*

The very word *normalization* implies that there *is* a "norm" or at least a close approximation of being "normal." In fact, earlier definitions of this principle included phrases like "as close to normal as possible", or "as close as possible to regular circumstances and ways of life of society." More recently, Wolfensberger added the notion of "cultural norms" to his definition of normalization. Wolfensberger's definition embraces the concepts of cultural competence and cultural sensitivity which were previously discussed within this training module. However, the "interpretation" of Wolfensberger's definition by the many people who provide supports to people with disabilities can and often does lead to culturally insensitive support services.

Let's explore some common examples of how the principle of normalization can be misinterpreted by support staff:

Example 1

Josh is an eight-year-old boy who lives at home with his parents but receives respite services on the weekends at a local residential program. Based on their typical pattern, his parents dropped him off after school on Friday and planned to pick him up on Monday afternoon. This particular weekend was the fourth of July and the

staff at the residential program were shocked to see Josh. They couldn't understand why his parents would drop him off on a holiday weekend. They decided they'd spend the afternoon at the parade and then light fireworks in the evening. When they got to the parade, Josh said he wanted to leave. When they left the parade, Josh went directly to his room and slept the rest of the evening. He even missed the evening fireworks the staff had planned.

What assumptions (if any) did the staff make in this situation? Did they adhere to the principle of normalization? What could they have done differently? Let's look at another example.

Example 2

Rose is a sixteen-year-old young woman who receives in-home supports and is still in high school. She is a Native American. She receives supports from a paraprofessional, Linda, who provides her with training on available community services and employment options. One afternoon she tells Linda that a classmate, Joe, had invited her to attend the prom the following week and that she wants to attend. Linda supports her interest. The next day Rose comes in and tells Linda that her parents said she could go to the prom with Joe. Linda was thrilled that Rose was invited to the prom and wanted it to be a very "special" evening for her. The following week Linda made arrangements for Rose to go to the local beauty salon and have her hair styled. When Rose arrived at the salon, the stylist suggested that she have her hair layered because that was the way "all the girls" were wearing their hair that year. Linda asked Rose if she wanted her hair cut and she said that she did. When Rose got home from school that day, her mother was very upset that her hair had been cut. The next day she complained to Rose's teacher and to the school principal. Linda couldn't understand why her mother was upset because she had succeeded in her efforts to include Rose in their local community and she had helped to facilitate her attending the prom and assisted her in "fitting in."

What do you think? Did Linda adhere to the principle of normalization? What could she have done differently?

Both of these examples illustrate the "good intentions gone wrong" of staff trying to adhere to the principle of normalization. It's most likely that neither Linda or the staff at Josh's program intended to violate cultural norms or to be culturally insensitive. Instead, they were probably asking themselves what most kids in these situations would do.

It's important for support staff working with people with all types of disabilities from all types of backgrounds to carefully consider the cultural norms for each individual. Supports provided to people should be based on that person's cultural background and individual desires, not the cultural backgrounds and desires of the staff who are providing supports to that person. This can be chal-

lenging when staff who are from different cultural backgrounds than the individuals they support. When this is the case, it's critical that staff become culturally competent in order to interact with the individuals and families to whom they provide supports in a culturally sensitive manner.

Age Appropriateness

Show Transparency 3.6

Age appropriateness simply means that people should engage in activities that are appropriate for their chronological age and not their mental age. For example, although a forty-year-old woman with moderate mental retardation might have a "mental age" of seven based on an intelligence quotient (IQ), if she were to participate in an age-appropriate activity, she wouldn't play with dolls or "play house." Instead, she would participate in activities in which people who are forty "typically" participate.

What are some possible activities in which forty-year-old women participate?

- Going to see a movie
- Gardening
- Quilting
- Watching car races
- Dating
- Horseback riding
- Baking/cooking
- Hanging out at a local coffee shop
- Shopping
- Visiting neighbors
- Playing pool
- Spending time visiting parents and friends

As you can see from just this short list, the possibilities are endless. Problems can arise when direct service professionals interpret and base age appropriateness on the activities in which they participated at a given age. For example, if at the age of twenty-one a staff person "hung out" at local bars, then he or she might assume all people who are twenty-one should do the same. Like normalization, age appropriateness needs to take into consideration what is appropriate for the individuals within their cultural context. Direct service providers should refrain from asking themselves "what did I do at that age?" Rather, they should ask "what do other people from his or her culture and/or family do at that age?"

We aren't saying that the guiding principles and values of normalization and age appropriateness are "bad." In fact, we *are* saying they are principles which have an excellent place in guiding the services provided to people with disabilities and their families. But to be achieved, these principles must consider the cultural

context of the individuals to which services are being provided. It's important for the paraprofessional to always question his or her actions and decisions regarding these and all guiding principles and to consider the individual's cultural context.

Rules and Regulations

Rules and regulations are usually developed with good intentions. Some of these intentions include protecting people with disabilities from harm or improving the quality of services provided. Unfortunately, when rules and regulations are developed, they're often created and passed by the majority culture – in the United States, this typically means white, middle-class, middle-aged men – and don't necessarily consider diversity. In fact, one could argue that many of the rules and regulations which govern services to people with disabilities are culturally insensitive.

For example, ICF/MR regulations mandate that an individual has to have an active treatment schedule which identifies what they will actively be doing throughout each day. This regulation has been interpreted by most surveying agencies to mean that activities have to be identified for every fifteen minute period of each day. This system of regulating a person's schedule is based on a Western linear system of scheduling. This regulation doesn't allow for the flexibility and spontaneity which are guiding life principles in some cultures.

Another example involves how when considering nutrition issues, regulations are prescribed in terms of requiring three meals a day drawn from specific vitamin sources which usually consist of traditional Western foods – that is, meat, potatoes, and a vegetable. Also prescribed is the amount of time that occurs between each meal. These dietary regulations aren't inclusive to the needs of an observant Muslim who during the holiday of Ramadan can only eat between sundown and sunrise for an entire month.

As yet another example, when considering public school regulations, most restrict the use of tobacco by students on school property for any reason. Because of this, traditional American Indian students can't perform any ceremony that would require the use of tobacco.

It's important to recognize that all regulations have to be interpreted by human beings and this interpretation can lead to cultural bias. For example, if an individual is receiving intermediate care for the mentally retarded (ICF/MR) services, he or she is required to have a quarterly nursing assessment. Does this mean that a licensed nurse must perform the review or could a spiritual healer do it? What about the individual who doesn't believe in modern medicine due to his or her religious beliefs? Paraprofessionals are often asked to implement the interpretation of many rules and regulations. If a rule or regulation seems to violate an individual's cultural norms, it's important for paraprofessionals to

let their supervisors know immediately and take action to become more individually and organizationally culturally sensitive.

Assessment and Program Planning

Children and adults with disabilities and their families are often subjected to a multitude of evaluations and assessments. In order to be eligible for almost any service, a person with a disability must have a medical evaluation, a psychological evaluation, and a developmental assessment. It's important to recognize that the assessment or evaluation process itself can be riddled with cultural biases. For example, most of the professionals and agencies or organizations in which people receive these assessments and evaluations are based on traditional Western values, time lines, etc., and typically employ a majority of individuals from the dominant European-American culture. Many professionals completing these assessments often don't have specific training regarding cultural differences (and in some cases don't have adequate training about disability issues) which can result in misinterpretations and false assessments. It's also important to recognize that many people don't feel comfortable giving information to someone from a different culture.

It's also important to understand that many of the standardized assessment instruments used to determine eligibility and to identify strengths and weaknesses have cultural biases. Most of these instruments are standardized through procedures which over-represent the dominant culture. These assessment instruments are also based on the use of the English language and don't make accommodations for people who speak different languages or use augmentative and alternative communication systems. Many of them are also time-limited and are based on traditional Western developmental milestones. They may also rely heavily on information obtained from other people who many not fully understand the individual's cultural context.

Summary

This chapter examined how organizations reflect the biases, strengths, priorities, and weaknesses of their founders. It identified what organizational bias "feels" like and how it may affect us. It discussed biases as portrayed in the media and identified these biases in several media examples. It explored institutional and organizational cultural biases in assessment and service delivery to people with disabilities. It's important for paraprofessionals to consider these imbedded cultural biases when supporting people with disabilities and their families. Remember, these people have been interviewed, evaluated, assessed, and reviewed by many

people – most whom knew little about their individual cultural context. As a direct service provider, it's critical that you begin your process in understanding the cultural context of all of the individuals you support.

Questions to Ponder

- What organizational/institutional bias exists in the agency or organization in which you work? How have these biases effected your daily work?
- Do you think that the media is culturally biased? What examples of this bias stand out for you? Do you look for and recognize bias every time you watch television?
- What organizational/institutional bias have you observed in your experience of supporting people with disabilities and their families? What about in the developmental disabilities service delivery system?
- Have you, or has someone with whom you work, ever misinterpreted the principles of normalization and age appropriateness resulting in culturally insensitive services being provided individuals and families?
- What examples of cultural bias in the rules and regulations which govern many services to people with disabilities have you noticed?

4

Chapter Four

Individual Cultural Competence

33 **Introduction**

33 **Section 1 Identifying "Isms" & Assumptions**

37 **Section 2 Cultural Influences**

39 **Summary**

40 **Questions to Ponder**

Introduction

When providing supports to people with disabilities and their families, it's important for you to understand yourself. This means that you're able to identify the cultural influences in your behaviors and daily routines. It also means that you understand your biases and beliefs about other cultures. This chapter is designed to further assist you in gaining an understanding of your own cultural biases and influences, and in identifying the many "isms" to which we're all vulnerable.

Upon completing this chapter, you should be able to:

- Identify your own cultural biases.
- Define *racism* and give examples of racist behavior.
- Define *heterosexism* and give examples of heterosexist behavior.
- Define *sexism* and give examples of sexist behavior.
- Define *handicapism* and give examples of common bias toward people with disabilities.
- Identify how cultural influences have affected your own choices and decisions.

Section 1
Identifying "Isms" & Assumptions

Due to the structural biases of American culture, bias is an ingrained part of this society. Everyone raised in this society inevitably developed bias against some group of people somewhere, sometime. However, bias is a prejudgment of others in the absence of information about them as individuals. Prejudice is a problem that deals with attitudes that have been developed by people who aren't thinking critically about social influences, but are viewing the other person as having a personal flaw or behaving unacceptably or "sinfully". In discussing this exercise, please agree to be honest in expressing your feelings in this training setting, allow your classmates the same honesty, and please agree not to judge any member of the class in or outside of the class for any opinions he or she expresses.

Before beginning a discussion of understanding yourself, your culture, and your personal biases, let's complete two small activities designed engage your willingness to critically examine your own personal biases.

Activity 1

Students who are sure that they don't have "any reluctance at all" about their favorite young relative having a lifetime commitment to a member of one or more of those groups are asked to raise their hands. To ensure that students overtly rather than tacitly admit bias, ask them to indicate by raising their hands if they would feel any bias against one or more of those groups – especially when considering the lifetime commitment of their favorite young relative with a member of one or more those groups. Ask that everyone – including yourself – acknowledge their bias. As instructor you should then facilitate a mini discussion on biases being ingrained in society due to the inherent feature in American culture. All people raised in this society inevitably developed bias against some group somewhere some time. Bias is a prejudgment of others in the absence of information about them as individuals. You should discuss prejudice as an attitudinal problem based on noncritical thinking, rather than a "sin" or personal flaw. Students are then asked to agree to be honest in expressing their feelings in the training setting, to allow their classmates the same honesty, and to agree not to judge any member of the class in

[*Continued on page 35.*]

Activity: Identifying the "Isms"

Think of how you would react if a "favorite young relative" asked for your support for a lifetime commitment to a member of any of the following "categories" of persons:

African American	European American
Chicano or Latino	Hare Krishna
Senior citizen	Teenager
Catholic	Jewish
Buddhist	Protestant
Atheist	Tall person
Short person	Person with a disability
Overweight person	Underweight person
Professional wrestler	Person with mental illness
Police officer	Ex-convict
Medicaid recipient	Medicare recipient
Marine	Race car driver
High school dropout	Graduate student
Man	Woman
Gay man	Lesbian
Bisexual woman	Bisexual man
Transsexual person	Transgender person

Portions above adapted with permission from Latting, 1990.

Activity: Looking at Bias

Now, let's explore your own personal biases and thoughts a little further. The following activity is designed to facilitate your understanding about the "isms" which exist in our society. This activity presents various vignettes in which you're asked to identify any potential biases. Remember, too, that we're all biased to some extent.

These vignettes describe culturally different people. In this discussion you're asked to indicate whether bias exists or doesn't exist in the situation you're reading. If bias exists, think and discuss how you came to that conclusion.

Non-Specific Vignettes

1 A woman and a man apply for the same management job. They both pass the qualifying exam, but the man scores ten points higher. Their references and other supporting material are about equal. The woman is hired because all the other managers are male and the agency wants to diversify its staff. Was the man a victim of "reverse discrimination"?

2 You're on break during a training session. You and a peer happen to get in a conversation about the session's emphasis on cultural diversity. Your peer remarks, "most of that stuff about

race and class and all doesn't apply to us; we plan to work in a rural area and all of our clientele are white." Does this statement indicate bias or is it a statement of fact? How do you respond to her comment, if at all?

3 An intern at the agency in which you work was born and raised in a South American country. She says that much of the gender equal orientation stuff she has learned in this country and at the agency in which you work is inapplicable to her because she plans to return to her country when she finishes her degree and gender egalitarianism "simply couldn't work" there. Does her statement indicate bias or is it a statement of fact? How would you respond to her comment, if at all?

Direct Service Vignettes

1 You work in a residential program which provides supports to people with severe disabilities who can't communicate. Two of these individuals are African American, one is American Indian, and three are European American. This Sunday is Easter and you and the other staff plan a big Easter dinner including ham, dressing, corn, beans, bread, and apple crisp. One of the individual's parents finds out what you have planned and accuses you of being culturally insensitive because the child and family doesn't celebrate Easter, nor do they eat ham. Were you being biased? How should you have handled this situation?

2 You're working one night and you overhear a co-worker talking very loudly with one of the individuals you support. To you, it seems like the worker is yelling. When you approach the worker and explain your concern, they respond by telling you that you just don't understand how African Americans talk and they aren't yelling. Were you being culturally biased? Explain. How would you respond to this co-worker?

3 You're providing in-home supports to a child with a disability who lives with his parents and is American Indian. You're scheduled to arrive at their home at 3:00 p.m. You arrived on time but no one seemed to be at home. After waiting ten minutes, you decided they were being inconsiderate and forgot the appointment and you left. Were you being culturally biased? Explain.

We all hold stereotypes that have been ingrained in us – so much so that sometimes we aren't even aware of them – and these can be very harmful in our work with people from various cultures and backgrounds. These prejudicial thoughts or behaviors are learned through the modeling and reinforcement of others. This influence usually occurs by people we love and trust, such as our parents. Even though these thoughts and feelings are learned, they can be unlearned and acceptance of people irrespective of their cultural or ethnic background can also be learned.

[*Continued from page 34.*]

or out of class for any opinions expressed. After this discussion give the following vignettes to the class. These vignettes describe culturally different people. Ask the class to indicate whether bias exists or doesn't exist in that situation, and if it does exist to determine which function the bias served. You as instructor should assume a neutral role. The overriding purpose in introducing the vignettes is to facilitate a learning process whereby students could clarify their own and their classmates' perceptions of bias and the functions of that bias. It's less important whether individual students come to the correct decision about whether bias exists in a particular vignette.

Some terms that refer to these prejudicial thoughts and beliefs include *handicapism, heterosexism, racism,* and *sexism.*

Handicapism

Handicapism promotes unequal and unjust treatment of people because of an apparent or assumed physical or mental disability; it assumes that people with disabilities are dependent regardless of whether they are or not and irrespective of their potential to live independent lives (Biklen & Bogdan, 1976). People who exhibit handicapism often assume a person with a handicap does not desire, deserve or have the ability to handle being treated equally.

Heterosexism

This is the societal and institutional belief system that values heterosexuality as superior and/or more natural or normal than gay, lesbian, bisexual, and transgender sexual orientations. It also includes the presumption that society only consists of heterosexually identified people. This can be illustrated in agency materials which ask "who is your spouse?" without considering using a more inclusive word like *partner.*

Racism

This means discriminatory practices based on the belief that certain races, especially one's own, are inherently superior to others. Anytime an assumption is made about a person's abilities, desires or intentions based on their ethnicity, racism is being expressed. Racism is prejudice plus power. When whole systems work against a person based on his or her ethnic background institutional racism is being expressed. For example, if there is a crime in a neighborhood where mostly European-Americans live, a male of African-American descent is much more likely to be stopped and questioned by the police even if he is dressed and acts in a similar manner to a man of European-American descent.

Sexism

This is oppression based on gender, characterized in our society by systemic exclusion, presumptions, and practices that subjugate, disadvantage, and devalue one gender (typically women).

Has learning these definitions helped you make sense of some of your thoughts on the activities in this section? Think about these vignettes again. Have you changed any of your initial thoughts and reactions after having considered these definitions? Let's explore some more examples of "isms" and assumptions:

- A mother and child are walking down the street. When an African American teenager walks by, the mother squeezes the child's hand and pulls her closer. What has this child learned?

- A toy store has a special promotion and hands out toy war bonnets and hatchets which all of the children use to run around and "play Indian". What have these children learned?
- A paraprofessional and a student are in line at the grocery store and the student stares at a man in a wheelchair. The paraprofessional looks at the student and gently moves her head in another direction while stating, "it's not nice to stare." What messages is the student learning?
- A man meets a woman at a party. She tells him that she's Latino and he asks her "are you scared that immigration will find out about you"? What assumption is he making?
- A person works in a group home and one of the individuals who lives there "comes out" to him that he's a gay male. The worker spends the rest of the day wondering if this man is attracted to him. What assumptions is this person making?
- A new wine is being promoted in a popular and most frequented market. This wine is named "Crazy Horse" and has a picture of an American Indian on the label. What messages does this type of promotion contain?
- A woman is standing on an elevator alone. When an African American man enters the on the second floor, the woman clutches her purse tightly. What assumptions is she making?
- You're driving through a "poor" section of town and you automatically lock your door. What assumptions are you making?

What examples can you think of that demonstrate bias and assumptions about various cultures and about the individuals and families to whom you provide supports? It's important for you to begin to understand your beliefs and the biases you hold. Acknowledging these biases is the first step in learning to avoid stereotyping and making assumptions about the people to whom you provide services.

Section 2
Cultural Influences

All of us are part of one or more culture and/or ethnic groups. We can't be inattentive to another person's ethnicity or culture because we all have a cultural context through which we perceive the world. Our environment has taught us all to be biased and to behave in certain ways. Cultural, linguistic, and/or ethnic traditions and practices contribute to how people view themselves and live life.

Show Transparency 4.1

The foods we eat, holidays we celebrate, our perceptions of family, child rearing practices, determination of authority, ac-

knowledgment of life events – all of these aspects of life are culturally influenced. This influence can be significant or subtle and can consequently affect how we perceive the world and behave to varying degrees.

For example, the influence of culture on food preferences can be illustrated through the celebration of Thanksgiving at a residential program. The cook and staff planned a menu including ham, mashed potatoes, pumpkin pie, salad, and carrots. The cook thought, "I know that holidays are really important to the people who live in this house, and I want them to have a really good traditional Thanksgiving meal." When Thanksgiving day came, the people who lived there were very upset. One person said he preferred to eat chitlins and collard greens for Thanksgiving; another person said she couldn't eat ham because she was Jewish and it's against her religious practices; and *another* individual said that she preferred sweet potato pie over pumpkin pie.

What assumptions was the cook making when he planned out the menu? What were his intentions versus what actually occurred? How could this situation have been avoided?

If we aren't aware of what cultural influences affect our own lives, we won't be able to understand others whose cultural influences are different from our own. We must examine our own values, beliefs, and patterns of behavior that are a part of our own cultural identity (Lynch & Hanson, 1992). This includes identifying socioeconomic, educational, and occupational influences, personal experiences, personality, gender, sexuality and sexual orientation, family background, family make-up, etc.

Activity 1

The following activity is designed to assist students in understanding how culture has influenced their own values, beliefs, and behaviors. Provide students with the opportunity to go off on their own for about fifteen minutes to complete the cultural influences worksheet. This worksheet is designed to assist students in identifying influences in their own lives across a number of areas. When students have had an opportunity to complete their worksheets, have them break into small groups of three or four people and discuss their "influences" with one another when comfortable doing so.

Activity: Cultural Influences Worksheet

The following activity is designed to assist you in understanding how culture has influenced your own values, beliefs, and behaviors. Take a few moments to answer the following questions about your beliefs and influences. This is designed to provide you with information that will assist you in understanding yourself. Share only the information you feel comfortable in sharing.

1 Under what socioeconomic level were you raised and how does this influence your life today?

2 How closely do you identify with your culture and ethnicity and how does this influence your life today?

3 What type of education was emphasized when you were growing up and how has this influenced your decisions and beliefs about education?

4 What are your physical abilities and how have they influenced the choices and decisions you have made in your life?

5 What occupations were held in high regard within your family and how have these influenced your occupational choices?

6 How have your responsibilities, choices, opportunities changed at different ages throughout your life? Are there certain ages that stand out as major rites of passage for you?

7 What do you consider the characteristics of your personality? What personality characteristics do you desire in others?

8 What do you identify as your sexual orientation? How has that influenced your choices, decisions, opportunities and relationships?

9 What (if any) religion and/or organized or non-organized spiritual belief were you raised to believe in and how has that influenced your choices, decisions, and opportunities?

10 What significant life events have greatly influenced your life choices and decisions? Other important influences?

Summary

This chapter discussed the importance of understanding yourself when providing supports to people with disabilities and their families. This understanding includes learning and acknowledging your biases and beliefs about other cultures. We defined common "isms" and assumptions that are made about people from other cultural groups and explored the "isms" and assumptions we hold. We also discussed and explored what our own cultural beliefs, values, and patterns are. It's important for you to continue your process in identifying and understanding what biases and assumptions you hold about other cultures because this is an important step in being able to provide culturally sensitive supports to the individuals and families with whom you work.

Questions to Ponder

- How do the values you identified in the activity influence your actions or opinions?
- Which influences were identified for the first time? How did that feel?
- Are any influences greater than others for you?

5

Chapter Five

Looking at Similarities & Differences

41 Introduction

41 Section 1 Cultural Similarities & Differences

50 Section 2 In-Home Direct Service Supports

59 Summary

59 Questions to Ponder

Introduction

Thus far we've explored cultural identity, influences, and differences. We've addressed that it's important to recognize that not everyone sees life through the same "cultural lenses." You've learned that as a direct care provider it's important for you to know that not everyone will behave and practice life in the same ways. Yet, if you look, you'll also find we all share common threads that are woven together to make a "tapestry of life" in the United States. Whether you're African American, American Indian, Chicano and Latino, European American, Asian American, a person with a disability, or gay/lesbian/bisexual/transgender, you have a history of being in the United States; values and beliefs that may include family, child rearing, and religion; views on disabilities, causes, and feelings about services; ways of communicating; and cultural courtesies. Although it's important to be aware of the differences people experience across cultures, it's equally important to recognize the similarities. For example, people who identify as African American, American Indian, Asian American, Chicano and Latino, American Indian, disabled, or gay/lesbian/bisexual/transgender may define their "family" in a different way than what the majority European American culture experiences as the nuclear family – but "family" is something they still have in common.

Upon completing this chapter, you should be able to:

- Identify common cultural threads.
- Identify similarities and differences in the histories, values and beliefs, perspectives on disabilities, language and communication, and cultural courtesies and recommendations of various cultural groups.
- Identify strategies for providing culturally sensitive in-home supports to people with disabilities and their families.

Section 1
Cultural Similarities & Differences

In this section we will look at those common threads – such as the importance of extended family and kinship systems – which tie cultures together. This information is provided to give you a general overview regarding various groups of people. It's not intended to be used to make assumptions that each of these commonalities "fits" for all the individuals from any particular culture. Each individual identifies with his or her culture to varying degrees and in

his or her own way. Many people belong to several cultures and therefore identify with parts of many groups of people. For example, a bisexual, Jewish, Latino male who has cerebral palsy may identify with one or more of these cultural groups. As a direct service provider, it's your role to understand how the culture "fits" for those with whom you're working.

It's impossible to learn every last thing about every culture, especially if we recognize that each individual member of that culture is just that, an individual. However, as a paraprofessional you can learn enough so that you aren't hurtful or harmful to people of diverse backgrounds. You can also learn information that will help in asking questions in ways that respect the importance of culture and ethnicity.

Charts: Cultural Similarities & Differences

The charts on pages 45–50 review six common cultural threads – including history; values and beliefs; perspectives on viewing disabilities; language and communication; cultural courtesies; and recommendations – across a number of major groups within the population of the United States. Given the scope of diversity and the difficulty in learning about all cultures, the cultures chosen for this section shouldn't be considered an exhaustive list of all groups which reside in this country.

When working with any individual or family – whatever their cultural identification – as the paraprofessional, you should remain aware of individual differences between as well as within cultural groups. You should also consider other influential factors such as class, socioeconomic status, education, country of origin, acculturation, and language.

It's important to understand that although cultural similarities and differences exist across all of these groups, the information contained in the charts doesn't apply to all individuals within any given cultural group. However, it's equally important for you to recognize and respect the differences between the cultural group with which you identify and many other cultural groups.

History

This information is offered to provide you with general information illustrating how history influences the day-to-day lives and culture of the people with whom you work. It's important to be aware of the great diversity both within and between groups and individuals.

Values and Beliefs

One must consider factors of economic status, class, education, migration, acculturation, and environment which influence values and beliefs and create great diversity within, as well as between, cultural groups. Common threads are seen throughout cultures.

Disability View

Cultures, groups, and individuals within those groups attribute the cause of disability in different ways. Each of the cultures outlined here are extremely diverse groups. Beliefs about disability will vary from individual to individual and family to family within these groups. It's important to view each family or person as an individual unit to see how they ascribe meaning to the disability. Other factors such as class, environment, education and socioeconomic status, etc., will influence what medical, disability specific, and other services are used.

Language and Communication

Language is influenced by factors of socioeconomic status, social factors, geographic region, gender, acculturation, generation of immigration to the United States, language spoken in home vs. out of the home, language spoken when developing language abilities, and more.

The ability to develop proficiency in English is influenced by the language-learning experience of the first language one was taught. Also influential in the understanding of English are relevant cultural characteristics, traditional values, non-verbal communication patterns, social experiences, and political experiences. Services of translators or interpreters may need to be used if the individual or family you're working with doesn't speak English and you don't speak the language they choose to use. Additionally, you should be respectful of what language the individual or family feels most comfortable using with you. Even if you're fluent in their language, you should remain aware that the dialect you speak in may be different from the person you're working with, words may have different meaning, and communication issues can still arise.

For example, you may work with a family you know speaks English, but they may request a translator in order to communicate with you. You may know that the woman you work with who is hearing impaired can speak, but chooses to use an interpreter. Using children as translators in some cultures needs to be considered, since this could place the child in a vulnerable position with certain content or could be disrespectful to the cultural norms and mores (i.e. may place the child in a superior position over the parents which goes against what is accepted by that particular culture). A person may speak a specific language, but may not be literate in the written form, while some may not speak at all. The use of alternative communication systems, such as computer devices (with and without verbal capabilities), language boards, and switches to activate communication systems are important in the communication of some people with disabilities. Understanding and appreciating varying forms of communication is important in supporting people with disabilities, but these communication sys-

tems may not be available to all who need them. You need to recognize that there are class and socioeconomic issues that affect the resources which make these communication systems available to those who could use them.

Cultural Courtesies

When working with anyone, no matter what their cultural identification, you need to be aware of individual differences between cultural groups as well as within cultural groups, taking into consideration factors of class, socioeconomic status, education, country of origin, acculturation, language, etc.

Recommendations for Action

Stereotyping and assuming should be avoided. Interventions you take as a direct care professional should be sensitive to the needs, wants, and desires of the individuals and families with whom you work.

	African American	American Indian	Asian American	Chicano/Latino	Disability	European American	G/L/B/T
Origin	Originate from Africa; from various tribes.	Indigenous to the continent.	East Asia, South Asia, Southeast Asia, Pacific Islands.	From diverse Spanish-speaking countries: Mexico, Cuba, Puerto Rico, South and Central America.	Every ethnicity, class, socio-economic level, and from all countries and cultures. Non-familial.	1492, Columbus. 1610s, First permanent English, Dutch, French settlements.	Controversy over genetic vs. environmental origins. GLBT individuals are also members of other cultures. Non-familial.
Arrival in US and Critical Experiences	16–19th centuries, majority brought to America as slaves against their will.	Currently live in every state, most large cities. From tribal nations.	Greatest numbers of immigrants and refugees came with 1965 passing of Immigration and Nationality Act Amendments and 1975 U.S. withdrawal from Vietnam.	Persons from each of the above countries have their own unique immigration history, beginning in the 1700s and continuing into the present day.	Segregated, sterilized, shackled in institutions.	1820–1970, Great Atlantic migration brought greatest numbers.	Theorized that there have always been GLBT people, but being "out" has only occurred in larger numbers since the late 1960s.
Civil Rights Events and Struggles	1954, Supreme Court decision to discontinue segregation in schools. 1909, Establishment of African American leadership orgs. begins with NAACP. 1964, Civil Rights Act and the Equal Opportunity Act. 1965, Voting Rights Act. Economic, occupational, safety struggles.	1492, Columbus names "Indians"; European conquest tries to force assimilation to European values and beliefs. 1960s, Political movements, coalitions emerge. 1975, Self-Determination Act allows tribes to manage Indian specific programs in communities. 1978, Indian Child Welfare Act. Economic, occupational, land, and historic exploitation struggles.	Occupational, economic, family, generational, and interethnic differences.	Continue with stress of acculturation, displacement, economic struggles.	1940s, Rehab Act. 1960s, Access. 1970s, Deinstitutionalization. 1990, ADA Act. DD Bill of Rights. Fair housing.	1776, Declaration of Independence from England. 1924, Immigration Act restricted immigration. Early efforts to create a "melting pot" where new immigrants would take on European American culture. European American roots still lay the grounds of US culture.	1969, Stonewall Riot; turning point from isolated, local, peaceful protests to emerging national militant GLBT rights movement. Continue to struggle with recognition of existence, family, benefits, equal rights.

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	African American	American Indian	Asian American	Chicano/Latino	Disability	European American	G/L/B/T
Family	Kinship and extended family bonds. Considerable respect for elderly and elders' role in the family.	Structure differs with environment (city/reservation). Group life and family responsibility is of primary importance. Incorporate supportive non-family into family network. Respect for elders, experts, and those with spiritual power.	Family is central focus for life, is of primary loyalty, obligation. Great reverence for elders, ancestors, past. Patriarchal; structure includes both nuclear and extended families.	Family as central. Traditionally patriarchal, but is changing.	Depends on family of origin. Some people with disabilities were removed from their family of origin and placed in institutions. Staff and peers often regarded as family. Many people with disabilities receive foster care.	Immediate (nuclear) family composition; male/female headed homes, with current rise in single-parent headed families. Individual in nature. Role of elderly not central. Nuclear family provides most care.	Some GLBT individuals may not have contact with "family of origin" (parents, siblings). May have "families of choice" comprised of friends, neighbors, etc. GLBT individuals create families with children and have long-term partners.
Child Rearing	Considered authoritarian child rearing practices. Extended family also responsible for care.	Extended family also responsible for child care.	Strongest family role is between parent and child rather than between spouses. Role of parent is to define law and rules, role of child is to obey.	Parent-child relationships has more importance than the marital relationship. Tendency to be very nurturing and indulgent of children.	Often not allowed to have children. Stereotypes about parenting skills. Many still reside in institutions.	Move from mother providing care to shared task.	GLBT individuals have children both biologically and through adoption. Child rearing will vary based on individual and other cultural identification.
Religion	Strong spiritual orientation. Church may be the center of community with a multifaceted role. May associate with Christian denominations.	Belief in the interconnection of the natural and supernatural. Religion and spiritual beliefs part of culture. May associate with Christian denominations.	Eastern religions of Buddhism, Hinduism, Confucianism, Taoism, as well as Christian denominations.	Both Catholic and other Christian denominations.	Various religious affiliations, not offered opportunities to be integrated into local community churches. Pity care.	Various religious sects that represent wide range of denominations and beliefs. Primarily Christian with other religious affiliations.	GLBT individuals associate with variety of religious affiliations; may be associated with other cultural identifications. Exclusion from practice in some chuches.

	African American	American Indian	Asian American	Chicano/Latino	Disability	European American	G/L/B/T
Causes of Disability	May be viewed as bad luck or misfortune, or as the result of "sins of the fathers.	Incorporate ideas of multiple causality of illness and misfortune, some attributed to supernatural or natural causes. May accept scientific causes to explain how, but may turn to non-scientific resources to find why.	Varied reasons include naturalistic or metaphysical explanations (mother's failure to follow certain practices during pregnancy); divine punishment for sins or moral transgression committed by parents or ancestors; spiritual attributions (ghosts).	May be tied to religious beliefs, power of good and evil, reinforced by Catholic traditions. Idea of illness occurring due to presence of evil in the environment, a punishing God, as well as folk beliefs.	Varied beliefs depending on family and county and culture of origin. Belief in focus on strengths and abilities, rather than on causes.	No single causation is attributed to disability. Reasons offered are based mostly on scientific causes: genetic disorders, environmental agents, disease, pre- and perinatal trauma. Some also believe in social causes such as mother's care giving.	No general view can be identified. May need to consider other cultural identification for perspectives.
View of Services for People with Disabilities	May use local physician for basic health needs and holistic natural approaches to health.	May conduct traditional ceremony for healing prior or in addition to "Western" healing procedures. Practices may vary from one tribe to another.	May use supernatural and/or holistic healing practices.	May use natural healers as a preferred medical alternative to western resources.	Inclusion. Equal access. Appropriate supports. Functional vs medical model. Support vs. care taking.	Focus has been on greater access and equal opportunities, least restrictive environments, habilitation over rehabilitation. Pity.	Generally concerned with "gay sensitive" service providers and may not partake in services for fear of homophobia and discrimination.

	African American	American Indian	Asian American	Chicano/Latino	Disability	European American	G/L/B/T
Language Origins	May use Standard American English or a range of "African American-isms", influenced by some retained African language patterns. May serve a bond between other members of the African American culture. Verbal and non-verbal language is used to communicate feelings and thoughts.	Through history Native people have been punished for using tribal languages, which are now being used openly again. Bilingual and bi-cultural education programs are provided where native language is often taught. Some English words have no equivalent in native languages.	Depending on country of origin, varying dialects of the language may have the same or different meaning, may be influenced by a language from another country, may or may not be tonal gender specific or polysyllabic.	Spanish is the major unifying language, but idioms, speed, and dialects vary based on country of origin as well as geographic location in the US, plus the above mentioned factors.	Verbal vs. nonverbal communication, communication systems, sign boards, electronic devices, TDD, relay services, American Sign Language.	Anglo-Saxon origins established English as a primary language. Standard American English is spoken and taught. Accents and dialects differ according to region.	Languages spoken by GLBT individuals may vary with their cultural identification.
Communication Issues	May be used as a manner of identification with others. Some English references may be accepted for other African Americans to use, but not non-African Americans. Aural and interactive learning may be preferred. Need to pay attention to both verbal and nonverbal clues illustrating understanding and interest.	Need to pay attention to translation issues since many words have no English equivalent. Communication style may be different; avoiding eye contact, asking indirect questions, and communicating in the third person are signs of respect.	Language-learning experience directly influences the ability to develop proficiency in English.	Spanish speaking to varying degrees.	People who have no verbal communication skills may receive limited services, be misunderstood, ignored, or stereotypically judged incompetent.	Need to be aware of differences in usage of Standard American English caused by geographic local, class, socio-economic status, cultural identification, etc. factors. Direct communication and respect through direct eye-contact is considered the norm.	Some English words used by GLBT people may have different meaning, or may be accepted for use by other GLBTs and not heterosexuals.

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	African American	American Indian	Asian American	Chicano/Latino	Disability	European American	G/L/B/T
Cultural Courtesies	Don't address the person or family members you're working with by their first name, unless given permission. Don't tell ethnic jokes. Don't chitchat with other co-workers when providing services. When visiting a home, ask the where you should sit, work, stand.	Can compliment a family on their child, but don't provide a lot of compliments. It's felt that this may bring harm to the child. Consult the family to see if certain toys or images are appropriate for use, some are deemed as bad luck. Consult with family or individual before removing any markings or objects they are wearing, these may be ceremonial and shouldn't be removed. Don't arrive at the home unannounced. Ask where you should sit, work, stand. Don't refuse food without giving an explanation.	Depending on country or origin (China, Korea) greetings will differ. Familiarize yourself with order of names and in what order to greet the family. Women typically don't shake hands with men, and children don't shake with elders. Direct physical contact is inappropriate. Emotional restraint is respectful. Soles of shoes shouldn't point towards a person. Removing one's shoes before entering the home is considered appropriate. If complements are offered about an object, the person may feel compelled to give it as a gift. Ask where you should sit, work, stand.	When working with a family and parents are both present, speak to the husband first. Don't decline a beverage or food offering. Engage in informal and relaxed exchange before beginning work. Don't use a harsh or authoritarian voice. Don't show impatience.	Ask where you should sit, work, stand. Call individual by name. Don't use labeling language. Provide equal opportunities. Provide needed accommodations. Don't make assumptions about abilities. Focus on strengths not deficits. Learn communication system used by individual. Ask about support needs. Don't help without aking.	Treat males and females with equal respect. Respect freedom of speech, but recognize that sex, politics, religion and personal characteristics aren't openly discussed. Persons are usually greeted openly and directly, respectful for eye contact to be maintained throughout interaction. Usually maintain space of an arm's length when interacting; don't expect to be touched. Punctuality is expected. Ask where you should sit, work, stand.	Don't use labeling words such as *gay* or *lesbian* until the person you're working with does so. Don't ask the person his or her sexual orientation; wait for them to identify themselves. Don't discuss with others the person's sexual orientation unless the person gives you permission to do so. Some people will display cultural symbols such as a rainbow flag or sticker or pink triangle, but others won't. Through relationship building, follow cultural courtesies which pertain to the culture in which the person identifies.

	African American	American Indian	Asian American	Chicano/Latino	Disability	European American	G/L/B/T
Recommendations for Action	Address family members formally (Mrs/Mr/Ms) until given permission to use the informal (first name). Use informal support networks and recognize the importance of family, extended kin. Match the family preference for care with the care you provide. Be familiar with African American resources.	Be patient in the rapport building process. Include all members of the family which the parents include. Learn about the family's communication style. Notify family and individual that you will be asking questions, what types, and how you will use the information. Don't assume that all American Indians follow tribal practices. Don't ask about tribal ceremonies unless information is offered.	Focus on building trust. Recognize that disclosure is considered a betrayal of family loyalty and problems aren't often spoken about. Allow time for decision making. Favors may be given and expected to be graciously received. Use sensitivity when in such a situation.	Pay attention to interpersonal cues. Being hurried can be interpreted as disrespectful. Don't assume that the family or individual is literate in either English or Spanish. Identify culturally specific networks and services for referral and consultation purposes.	Don't stereotype. Respect dignity. Respect privacy. Ask about preferences.	Recognize that most parents are involved in care of children. Decision maker may be male or female. Most families expect appointments to be scheduled.	Recognize all identified parents of the person you're working with no matter what their gender; i.e. a child may have two fathers and one mother, two mothers only, two mothers and a father, one mother, one father, two fathers and two mothers. Respect the family or person's right to privacy about sexual orientation, they may not want others to know they are gay.

Section 2
In-Home Direct Service Supports

As was illustrated in the charts in the last section, child rearing is often a culturally prescribed family task. Family members have roles; families have rules; cultures share values about all family interactions. Not all members of a culture will agree on roles, rules, and values regarding child rearing, but for all members of that group, culture will have some degree of effect. Getting to know a family in the context of their community and culture includes simultaneously seeing both the broader culture and the individual family within their cultural context.

The following activity is designed to help assist you in gaining this understanding. It offers examples of questions you may want to ask those with whom you work to gain a better understanding of their lives. It will help you recognize that the family probably does things differently then you. Life tasks, family roles, child rearing practices, food preparation are just a few things that might be different.

Activity: Guidelines for In-Home Direct Service Supports

Part I: Family Structure and Child Rearing Practices

Family Structure

- What is the definition of family?

_____

_____

- Who are the members of the family system?

_____

_____

- Who are the key decision makers?

_____

_____

- Is decision making related to specific situations?

_____

_____

Activity 1

Have each student consider parts one through three of this worksheet. Then have each student interview another student using this as a tool. Have them base their responses on their current family structure. If they don't have children, have them base their responses on the family in which they were raised.

- Is decision making individual or group oriented?

- Do family members all live in the same household?

- What is the relationship of friends to the family system?

- What is the family hierarchy? Is status related to gender or age?

- With what cultural heritages does the family identify?

Primary Caregivers

- Who is the primary caregiver?

- Who else participates in the caregiving?

- What is the amount of care given by mother versus others?

- How much time does the individual spend away from the primary caregiver?

- Is there conflict between caregivers regarding appropriate practices?

- What ecological/environmental issues impinge upon general caregiving (e.g., housing, jobs, etc.)?

_____

_____

Child Rearing Practices

- What are the mealtime rules?

_____

_____

- What types of foods are eaten?

_____

_____

- What are the beliefs regarding breast-feeding and weaning?

_____

_____

- What are the beliefs regarding bottle feeding?

_____

_____

- What are the family practices regarding transitioning to solid food?

_____

_____

- Which family members prepare food?

_____

_____

- Is food purchased or homemade?

_____

_____

- Are there any taboos related to food preparation or handling?

_____

_____

- Which family members feed the child?

_____

_____

- What is the configuration of the family mealtime?

- What are the family's views on independent feeding?

- Is there a discrepancy among family members regarding the beliefs and practices related to feeding an infant or toddler?

Family Sleeping Patterns

- Does the infant sleep in the same room or bed as the parents?

- At what age is the infant moved away from close proximity to the mother?

- Is there any established bedtime?

- What is the family response to the infant when he or she wakes at night?

- What practices surround daytime napping?

Family Response to Disobedience and Aggression

- What are the parameters of acceptable child behavior?

- What form does the discipline take?

- Who metes out the disciplinary action?

Family's Response to a Crying Infant

- How long before the caregiver picks up a crying infant?

- How does the caregiver calm an upset infant?

Part Two: Family Perceptions and Attitudes

Family Perception of Child's Disability

- Are there cultural or religious factors that would shape family perceptions?

- To what/where/whom does the family assign responsibility for their child's disability?

- How does the family view the role of fate in their lives?

- How does the family view their role in intervening with their child? Do they feel they can make a difference or do they consider it hopeless?

Family's Perception of Health and Healing

- What is the family's approach to medical needs?

- Do they rely solely on Western medical needs?

- Do they rely solely on holistic approaches?

- Do they use a combination of these approaches?

- Who is the primary medical provider or conveyer of medical information? Family members? Elders? Friends? Folk healers? Family doctor? Medical specialists?

- Do all members of the family agree on approaches to medical needs?

Family's Perception of Help-Seeking and Intervention

- From whom does the family seek help – family or outside agencies?

- Does the family seek help directly or indirectly?

- What are the general feelings of the family when seeking assistance – ashamed, angry, demand as a right, view as unnecessary?

- With which community systems does the family interact (educational/medical/social)?

- How are these interactions completed (face-to-face, phone, letter)?

- Which family member interacts with other systems?

- Does that family member feel comfortable when interacting with other systems?

Part Three: Language and Communication Styles

Language

- Is the service provider proficient in the family's native language?

- Is the family proficient in English?

- If an interpreter is used, what is his or her primary cultural affiliation?

- Is the interpreter familiar with the colloquialisms of the family members' country or region or origin?

- Is the family member comfortable with the interpreter? Would the family member feel more comfortable with one of the same sex?

- If written materials are used, are they in the family's native language?

Interaction Styles

- Does the family communicate with each other in a direct or indirect style?
- Does the family tend to interact in a quiet manner or a loud manner?
- Do family members share feelings when discussing emotional issues?
- Does the family ask you direct questions?
- Does the family value social time with providers unrelated to the service program goals?
- Is it important for the family to know about the service provider's extended family?
- Is the service provider comfortable sharing that information?

Portions of this activity were adapted from Wayman, K.I., et al., 1990.

Summary

This chapter explores some of the common threads that tie seven specific cultural groups together while also looking at cultural differences and similarities between these groups. In addition, we discussed the importance of getting to know the families we work with in context of their culture. We explored how to learn about family context by providing a questionnaire. This information is critical for the paraprofessional who is trying to become more culturally competent.

Questions to Ponder

- What makes recognizing differences in people from different cultures important?
- What are some similarities that cultures share?
- What new information did you learn from the "Cultural Similarities & Differences" charts?
- Why do you think that we as a society tend to focus on cultural differences vs. cultural similarities?
- Why is it important to get to know a family in the context of their culture and community?

Chapter Six

6 Using Culturally Sensitive & Inclusive Language

61 **Introduction**

61 **Section 1 Language and Individual & Family Culture**

64 **Section 2 Bias in the English Language**

67 **Summary**

67 **Questions to Ponder**

Introduction

English, like many other languages, is riddled with terms and expressions that contain implicit prejudice. Many of the phases and words we use to communicate with others often label, stereotype, or demean individuals and groups of people. Unfortunately, many people don't even recognize that they're using language that is biased. This chapter is designed to help you begin to identify and use inclusive language.

Upon completing this chapter, you should be able to:

- Provide examples of how language discriminates and excludes people based on culture, gender, ethnicity, sexual orientation, and ability.
- Develop and awareness of how written and spoken language used in agencies and organizations is often non-inclusive.
- Develop an awareness of how agencies and direct service providers or paraprofessionals can use inclusive language.

Section 1

Language and Individual & Family Culture

All of us grow up using language that is modeled by our family and community. In a broad sense, this might mean speaking a language like English, Spanish, or Korean. In a narrower sense it might mean using slang, jokes, words, concepts, or other mutually understandable language that is familiar to friends and family but might not be recognized by people outside of this circle. We're taught language by a variety of sources, including our family, friends, neighbors, communities, and schools. The language we learn is that which is presented to us, and as children – and sometimes adults – we're rarely critical of the words and language we're taught to use. They simply exist as a part of the environment.

Language and Institutional/Organizational Culture

Earlier, we discussed institutional or organizational bias. We learned, for example, that many agencies and organizations serve people from diverse cultures but often know little about those cultures. For example, if an agency provides services to a family who recently immigrated from Russia, one might question whether the agency has access to an interpreter fluent in the Russian language.

However, communication is more than just words: in addition to the specific languages that the staff speak, "organizational language" is often communicated through pictures, images, forms, and available materials and resources. For example, an agency that claims to be multicultural but displays posters depicting only European American people may feel unwelcoming to consumers from outside the majority culture.

Paperwork that appears in English only may be difficult for people whose first language isn't English or who have limited reading or writing skills. There are many ways that the forms we use in agencies are riddled with bias, mixed messages, and assumptions. For example, forms which ask for spousal information may give a message that the agency doesn't welcome or have the ability to provide services to people who are not heterosexual. Forms might also refer only to men and use "he" when referring to others instead of using terms like *she, s/he, she/he,* or *he or she.*

Agencies and organizations that provide supports to people who use communication boards or other types of augmented communication may also be limiting multicultural experiences and understanding for the individuals they serve. Does the communication board refer to race, gender, culture, or sexual orientation? Do the pictures on the communication board depict people of differing cultures, genders, ethnicities, etc.?

Could people using such tools formulate questions about a person's culture that is different from their own? Is the language available to refer to people of differing cultures, ethnicities, genders, or sexual orientations – and, if not, what messages are being given?

Activity: Class Discussion

Think for a moment about who is represented, as either staff or consumers, in your agency or in agencies where you've worked:

- What languages are used and/or available within the agency?

_____

_____

_____

- How comfortable are the staff members with "street" language vs. "professional" language?

_____

_____

_____

- What types of music are played in the agency ?

- Is diversity discussed in the agency?

- Are certain topics which would address "difference" avoided?

- What do posters or decorations within the agency suggest?

- What happens when ethnic jokes are told?

- Would consumers of various cultures, abilities, ethnicities, sexual orientations, religions, or genders feel comfortable receiving or purchasing the agency's services?

- What changes can be made in your agency now to be more inclusive of different people? If your agency is inclusive, what are some examples of what they do to be this way?

Section 2
Bias in the English Language

Every language reflects the values of the culture that produces it. The English language has many strengths, however it isn't always the "best" language to talk about feelings, relationships, or imagery. This section draws on a few examples to show how problems concerning cultural sensitivity occur and to offer ideas for alternative solutions.

Activity 1

Have students consider more examples concerning families and issues surrounding family relationships and definitions.

Family

Many other languages have specific words for family relationships that denote the degree of relationship as well as varying generations. For example, most people who speak English in the United States struggle to differentiate between second cousins and third cousins, as well as second cousins once-removed. These relationships are crucial in some cultures and those cultures have clear language to describe them.

Consider the word "family." Used by policy makers, it ordinarily refers to a heterosexual, nuclear family unit in which a man and a woman are married and have children. However, most non-European heritage cultures in the United States use this term in a much broader context to mean an "extended" family that includes grandparents, uncles, aunts, and cousins. Examples abound in which social workers, probation officers, or courts have required children to live with "family", clearly meaning a father and mother, preferably in one household. Very often, the child involved would feel quite comfortable living with an uncle – and would feel within both the letter and spirit of the requirement of living with "family."

Activity 2

Have students consider more language or visual examples where light or white is synonymous to good and dark or black is synonymous to bad or evil. Ask students to provide examples from movies, broadcast or print media, or even from language usage.

Light and Dark

English usage also reflects the importance attention to color and race in defining status and power. This language – as well as many others – is full of references to "white" and "light" as being positive and to "black" and "dark" as being negative.

Think for a moment of all the expressions or images you know that use these terms. Some of these may include:

- A little white lie
- Forces of light vs. Forces of darkness
- As pure as snow; snow white
- Blackness, evil, corruption

4

Chapter Four

Individual Cultural Competence

33 **Introduction**

33 **Section 1 Identifying "Isms" & Assumptions**

37 **Section 2 Cultural Influences**

39 **Summary**

40 **Questions to Ponder**

Introduction

When providing supports to people with disabilities and their families, it's important for you to understand yourself. This means that you're able to identify the cultural influences in your behaviors and daily routines. It also means that you understand your biases and beliefs about other cultures. This chapter is designed to further assist you in gaining an understanding of your own cultural biases and influences, and in identifying the many "isms" to which we're all vulnerable.

Upon completing this chapter, you should be able to:

- Identify your own cultural biases.
- Define *racism* and give examples of racist behavior.
- Define *heterosexism* and give examples of heterosexist behavior.
- Define *sexism* and give examples of sexist behavior.
- Define *handicapism* and give examples of common bias toward people with disabilities.
- Identify how cultural influences have affected your own choices and decisions.

Section 1
Identifying "Isms" & Assumptions

Due to the structural biases of American culture, bias is an ingrained part of this society. Everyone raised in this society inevitably developed bias against some group of people somewhere, sometime. However, bias is a prejudgment of others in the absence of information about them as individuals. Prejudice is a problem that deals with attitudes that have been developed by people who aren't thinking critically about social influences, but are viewing the other person as having a personal flaw or behaving unacceptably or "sinfully". In discussing this exercise, please agree to be honest in expressing your feelings in this training setting, allow your classmates the same honesty, and please agree not to judge any member of the class in or outside of the class for any opinions he or she expresses.

Before beginning a discussion of understanding yourself, your culture, and your personal biases, let's complete two small activities designed engage your willingness to critically examine your own personal biases.

Activity: Identifying the "Isms"

Think of how you would react if a "favorite young relative" asked for your support for a lifetime commitment to a member of any of the following "categories" of persons:

African American	European American
Chicano or Latino	Hare Krishna
Senior citizen	Teenager
Catholic	Jewish
Buddhist	Protestant
Atheist	Tall person
Short person	Person with a disability
Overweight person	Underweight person
Professional wrestler	Person with mental illness
Police officer	Ex-convict
Medicaid recipient	Medicare recipient
Marine	Race car driver
High school dropout	Graduate student
Man	Woman
Gay man	Lesbian
Bisexual woman	Bisexual man
Transsexual person	Transgender person

Portions above adapted with permission from Latting, 1990.

Activity: Looking at Bias

Now, let's explore your own personal biases and thoughts a little further. The following activity is designed to facilitate your understanding about the "isms" which exist in our society. This activity presents various vignettes in which you're asked to identify any potential biases. Remember, too, that we're all biased to some extent.

These vignettes describe culturally different people. In this discussion you're asked to indicate whether bias exists or doesn't exist in the situation you're reading. If bias exists, think and discuss how you came to that conclusion.

Non-Specific Vignettes

1 A woman and a man apply for the same management job. They both pass the qualifying exam, but the man scores ten points higher. Their references and other supporting material are about equal. The woman is hired because all the other managers are male and the agency wants to diversify its staff. Was the man a victim of "reverse discrimination"?

2 You're on break during a training session. You and a peer happen to get in a conversation about the session's emphasis on cultural diversity. Your peer remarks, "most of that stuff about

race and class and all doesn't apply to us; we plan to work in a rural area and all of our clientele are white." Does this statement indicate bias or is it a statement of fact? How do you respond to her comment, if at all?

3 An intern at the agency in which you work was born and raised in a South American country. She says that much of the gender equal orientation stuff she has learned in this country and at the agency in which you work is inapplicable to her because she plans to return to her country when she finishes her degree and gender egalitarianism "simply couldn't work" there. Does her statement indicate bias or is it a statement of fact? How would you respond to her comment, if at all?

Direct Service Vignettes

1 You work in a residential program which provides supports to people with severe disabilities who can't communicate. Two of these individuals are African American, one is American Indian, and three are European American. This Sunday is Easter and you and the other staff plan a big Easter dinner including ham, dressing, corn, beans, bread, and apple crisp. One of the individual's parents finds out what you have planned and accuses you of being culturally insensitive because the child and family doesn't celebrate Easter, nor do they eat ham. Were you being biased? How should you have handled this situation?

2 You're working one night and you overhear a co-worker talking very loudly with one of the individuals you support. To you, it seems like the worker is yelling. When you approach the worker and explain your concern, they respond by telling you that you just don't understand how African Americans talk and they aren't yelling. Were you being culturally biased? Explain. How would you respond to this co-worker?

3 You're providing in-home supports to a child with a disability who lives with his parents and is American Indian. You're scheduled to arrive at their home at 3:00 p.m. You arrived on time but no one seemed to be at home. After waiting ten minutes, you decided they were being inconsiderate and forgot the appointment and you left. Were you being culturally biased? Explain.

We all hold stereotypes that have been ingrained in us – so much so that sometimes we aren't even aware of them – and these can be very harmful in our work with people from various cultures and backgrounds. These prejudicial thoughts or behaviors are learned through the modeling and reinforcement of others. This influence usually occurs by people we love and trust, such as our parents. Even though these thoughts and feelings are learned, they can be unlearned and acceptance of people irrespective of their cultural or ethnic background can also be learned.

Some terms that refer to these prejudicial thoughts and beliefs include *handicapism, heterosexism, racism,* and *sexism.*

Handicapism

Handicapism promotes unequal and unjust treatment of people because of an apparent or assumed physical or mental disability; it assumes that people with disabilities are dependent regardless of whether they are or not and irrespective of their potential to live independent lives (Biklen & Bogdan, 1976). People who exhibit handicapism often assume a person with a handicap does not desire, deserve or have the ability to handle being treated equally.

Heterosexism

This is the societal and institutional belief system that values heterosexuality as superior and/or more natural or normal than gay, lesbian, bisexual, and transgender sexual orientations. It also includes the presumption that society only consists of heterosexually identified people. This can be illustrated in agency materials which ask "who is your spouse?" without considering using a more inclusive word like *partner.*

Racism

This means discriminatory practices based on the belief that certain races, especially one's own, are inherently superior to others. Anytime an assumption is made about a person's abilities, desires or intentions based on their ethnicity, racism is being expressed. Racism is prejudice plus power. When whole systems work against a person based on his or her ethnic background institutional racism is being expressed. For example, if there is a crime in a neighborhood where mostly European-Americans live, a male of African-American descent is much more likely to be stopped and questioned by the police even if he is dressed and acts in a similar manner to a man of European-American descent.

Sexism

This is oppression based on gender, characterized in our society by systemic exclusion, presumptions, and practices that subjugate, disadvantage, and devalue one gender (typically women).

Has learning these definitions helped you make sense of some of your thoughts on the activities in this section? Think about these vignettes again. Have you changed any of your initial thoughts and reactions after having considered these definitions? Let's explore some more examples of "isms" and assumptions:

- A mother and child are walking down the street. When an African American teenager walks by, the mother squeezes the child's hand and pulls her closer. What has this child learned?

- A toy store has a special promotion and hands out toy war bonnets and hatchets which all of the children use to run around and "play Indian". What have these children learned?
- A paraprofessional and a student are in line at the grocery store and the student stares at a man in a wheelchair. The paraprofessional looks at the student and gently moves her head in another direction while stating, "it's not nice to stare." What messages is the student learning?
- A man meets a woman at a party. She tells him that she's Latino and he asks her "are you scared that immigration will find out about you"? What assumption is he making?
- A person works in a group home and one of the individuals who lives there "comes out" to him that he's a gay male. The worker spends the rest of the day wondering if this man is attracted to him. What assumptions is this person making?
- A new wine is being promoted in a popular and most frequented market. This wine is named "Crazy Horse" and has a picture of an American Indian on the label. What messages does this type of promotion contain?
- A woman is standing on an elevator alone. When an African American man enters the on the second floor, the woman clutches her purse tightly. What assumptions is she making?
- You're driving through a "poor" section of town and you automatically lock your door. What assumptions are you making?

What examples can you think of that demonstrate bias and assumptions about various cultures and about the individuals and families to whom you provide supports? It's important for you to begin to understand your beliefs and the biases you hold. Acknowledging these biases is the first step in learning to avoid stereotyping and making assumptions about the people to whom you provide services.

Section 2
Cultural Influences

All of us are part of one or more culture and/or ethnic groups. We can't be inattentive to another person's ethnicity or culture because we all have a cultural context through which we perceive the world. Our environment has taught us all to be biased and to behave in certain ways. Cultural, linguistic, and/or ethnic traditions and practices contribute to how people view themselves and live life.

The foods we eat, holidays we celebrate, our perceptions of family, child rearing practices, determination of authority, ac-

knowledgment of life events – all of these aspects of life are culturally influenced. This influence can be significant or subtle and can consequently affect how we perceive the world and behave to varying degrees.

For example, the influence of culture on food preferences can be illustrated through the celebration of Thanksgiving at a residential program. The cook and staff planned a menu including ham, mashed potatoes, pumpkin pie, salad, and carrots. The cook thought, "I know that holidays are really important to the people who live in this house, and I want them to have a really good traditional Thanksgiving meal." When Thanksgiving day came, the people who lived there were very upset. One person said he preferred to eat chitlins and collard greens for Thanksgiving; another person said she couldn't eat ham because she was Jewish and it's against her religious practices; and *another* individual said that she preferred sweet potato pie over pumpkin pie.

What assumptions was the cook making when he planned out the menu? What were his intentions versus what actually occurred? How could this situation have been avoided?

If we aren't aware of what cultural influences affect our own lives, we won't be able to understand others whose cultural influences are different from our own. We must examine our own values, beliefs, and patterns of behavior that are a part of our own cultural identity (Lynch & Hanson, 1992). This includes identifying socioeconomic, educational, and occupational influences, personal experiences, personality, gender, sexuality and sexual orientation, family background, family make-up, etc.

Activity: Cultural Influences Worksheet

The following activity is designed to assist you in understanding how culture has influenced your own values, beliefs, and behaviors. Take a few moments to answer the following questions about your beliefs and influences. This is designed to provide you with information that will assist you in understanding yourself. Share only the information you feel comfortable in sharing.

1 Under what socioeconomic level were you raised and how does this influence your life today?

2 How closely do you identify with your culture and ethnicity and how does this influence your life today?

3 What type of education was emphasized when you were growing up and how has this influenced your decisions and beliefs about education?

4 What are your physical abilities and how have they influenced the choices and decisions you have made in your life?

5 What occupations were held in high regard within your family and how have these influenced your occupational choices?

6 How have your responsibilities, choices, opportunities changed at different ages throughout your life? Are there certain ages that stand out as major rites of passage for you?

7 What do you consider the characteristics of your personality? What personality characteristics do you desire in others?

8 What do you identify as your sexual orientation? How has that influenced your choices, decisions, opportunities and relationships?

9 What (if any) religion and/or organized or non-organized spiritual belief were you raised to believe in and how has that influenced your choices, decisions, and opportunities?

10 What significant life events have greatly influenced your life choices and decisions? Other important influences?

Summary

This chapter discussed the importance of understanding yourself when providing supports to people with disabilities and their families. This understanding includes learning and acknowledging your biases and beliefs about other cultures. We defined common "isms" and assumptions that are made about people from other cultural groups and explored the "isms" and assumptions we hold. We also discussed and explored what our own cultural beliefs, values, and patterns are. It's important for you to continue your process in identifying and understanding what biases and assumptions you hold about other cultures because this is an important step in being able to provide culturally sensitive supports to the individuals and families with whom you work.

Questions to Ponder

- How do the values you identified in the activity influence your actions or opinions?
- Which influences were identified for the first time? How did that feel?
- Are any influences greater than others for you?

5

Chapter Five

Looking at Similarities & Differences

41 Introduction

41 Section 1 Cultural Similarities & Differences

50 Section 2 In-Home Direct Service Supports

59 Summary

59 Questions to Ponder

Introduction

Thus far we've explored cultural identity, influences, and differences. We've addressed that it's important to recognize that not everyone sees life through the same "cultural lenses." You've learned that as a direct care provider it's important for you to know that not everyone will behave and practice life in the same ways. Yet, if you look, you'll also find we all share common threads that are woven together to make a "tapestry of life" in the United States. Whether you're African American, American Indian, Chicano and Latino, European American, Asian American, a person with a disability, or gay/lesbian/bisexual/transgender, you have a history of being in the United States; values and beliefs that may include family, child rearing, and religion; views on disabilities, causes, and feelings about services; ways of communicating; and cultural courtesies. Although it's important to be aware of the differences people experience across cultures, it's equally important to recognize the similarities. For example, people who identify as African American, American Indian, Asian American, Chicano and Latino, American Indian, disabled, or gay/lesbian/bisexual/transgender may define their "family" in a different way than what the majority European American culture experiences as the nuclear family – but "family" is something they still have in common.

Upon completing this chapter, you should be able to:

- Identify common cultural threads.
- Identify similarities and differences in the histories, values and beliefs, perspectives on disabilities, language and communication, and cultural courtesies and recommendations of various cultural groups.
- Identify strategies for providing culturally sensitive in-home supports to people with disabilities and their families.

Section 1
Cultural Similarities & Differences

In this section we will look at those common threads – such as the importance of extended family and kinship systems – which tie cultures together. This information is provided to give you a general overview regarding various groups of people. It's not intended to be used to make assumptions that each of these commonalities "fits" for all the individuals from any particular culture. Each individual identifies with his or her culture to varying degrees and in

his or her own way. Many people belong to several cultures and therefore identify with parts of many groups of people. For example, a bisexual, Jewish, Latino male who has cerebral palsy may identify with one or more of these cultural groups. As a direct service provider, it's your role to understand how the culture "fits" for those with whom you're working.

It's impossible to learn every last thing about every culture, especially if we recognize that each individual member of that culture is just that, an individual. However, as a paraprofessional you can learn enough so that you aren't hurtful or harmful to people of diverse backgrounds. You can also learn information that will help in asking questions in ways that respect the importance of culture and ethnicity.

Charts: Cultural Similarities & Differences

The charts on pages 45–50 review six common cultural threads – including history; values and beliefs; perspectives on viewing disabilities; language and communication; cultural courtesies; and recommendations – across a number of major groups within the population of the United States. Given the scope of diversity and the difficulty in learning about all cultures, the cultures chosen for this section shouldn't be considered an exhaustive list of all groups which reside in this country.

When working with any individual or family – whatever their cultural identification – as the paraprofessional, you should remain aware of individual differences between as well as within cultural groups. You should also consider other influential factors such as class, socioeconomic status, education, country of origin, acculturation, and language.

It's important to understand that although cultural similarities and differences exist across all of these groups, the information contained in the charts doesn't apply to all individuals within any given cultural group. However, it's equally important for you to recognize and respect the differences between the cultural group with which you identify and many other cultural groups.

History

This information is offered to provide you with general information illustrating how history influences the day-to-day lives and culture of the people with whom you work. It's important to be aware of the great diversity both within and between groups and individuals.

Values and Beliefs

One must consider factors of economic status, class, education, migration, acculturation, and environment which influence values and beliefs and create great diversity within, as well as between, cultural groups. Common threads are seen throughout cultures.

Disability View

Cultures, groups, and individuals within those groups attribute the cause of disability in different ways. Each of the cultures outlined here are extremely diverse groups. Beliefs about disability will vary from individual to individual and family to family within these groups. It's important to view each family or person as an individual unit to see how they ascribe meaning to the disability. Other factors such as class, environment, education and socioeconomic status, etc., will influence what medical, disability specific, and other services are used.

Language and Communication

Language is influenced by factors of socioeconomic status, social factors, geographic region, gender, acculturation, generation of immigration to the United States, language spoken in home vs. out of the home, language spoken when developing language abilities, and more.

The ability to develop proficiency in English is influenced by the language-learning experience of the first language one was taught. Also influential in the understanding of English are relevant cultural characteristics, traditional values, non-verbal communication patterns, social experiences, and political experiences. Services of translators or interpreters may need to be used if the individual or family you're working with doesn't speak English and you don't speak the language they choose to use. Additionally, you should be respectful of what language the individual or family feels most comfortable using with you. Even if you're fluent in their language, you should remain aware that the dialect you speak in may be different from the person you're working with, words may have different meaning, and communication issues can still arise.

For example, you may work with a family you know speaks English, but they may request a translator in order to communicate with you. You may know that the woman you work with who is hearing impaired can speak, but chooses to use an interpreter. Using children as translators in some cultures needs to be considered, since this could place the child in a vulnerable position with certain content or could be disrespectful to the cultural norms and mores (i.e. may place the child in a superior position over the parents which goes against what is accepted by that particular culture). A person may speak a specific language, but may not be literate in the written form, while some may not speak at all. The use of alternative communication systems, such as computer devices (with and without verbal capabilities), language boards, and switches to activate communication systems are important in the communication of some people with disabilities. Understanding and appreciating varying forms of communication is important in supporting people with disabilities, but these communication sys-

tems may not be available to all who need them. You need to recognize that there are class and socioeconomic issues that affect the resources which make these communication systems available to those who could use them.

Cultural Courtesies

When working with anyone, no matter what their cultural identification, you need to be aware of individual differences between cultural groups as well as within cultural groups, taking into consideration factors of class, socioeconomic status, education, country of origin, acculturation, language, etc.

Recommendations for Action

Stereotyping and assuming should be avoided. Interventions you take as a direct care professional should be sensitive to the needs, wants, and desires of the individuals and families with whom you work.

	African American	American Indian	Asian American	Chicano/Latino	Disability	European American	G/L/B/T
Origin	Originate from Africa; from various tribes.	Indigenous to the continent.	East Asia, South Asia, Southeast Asia, Pacific Islands.	From diverse Spanish-speaking countries: Mexico, Cuba, Puerto Rico, South and Central America.	Every ethnicity, class, socio-economic level, and from all countries and cultures. Non-familial.	1492, Columbus. 1610s, First permanent English, Dutch, French settlements.	Controversy over genetic vs. environmental origins. GLBT individuals are also members of other cultures. Non-familial.
Arrival in US and Critical Experiences	16–19th centuries, majority brought to America as slaves against their will.	Currently live in every state, most large cities. From tribal nations.	Greatest numbers of immigrants and refugees came with 1965 passing of Immigration and Nationality Act Amendments and 1975 U.S. withdrawal from Vietnam.	Persons from each of the above countries have their own unique immigration history, beginning in the 1700s and continuing into the present day.	Segregated, sterilized, shackled in institutions.	1820–1970, Great Atlantic migration brought greatest numbers.	Theorized that there have always been GLBT people, but being "out" has only occurred in larger numbers since the late 1960s.
Civil Rights Events and Struggles	1954, Supreme Court decision to discontinue segregation in schools. 1909, Establishment of African American leadership orgs. begins with NAACP. 1964, Civil Rights Act and the Equal Opportunity Act. 1965, Voting Rights Act. Economic, occupational, safety struggles.	1492, Columbus names "Indians"; European conquest tries to force assimilation to European values and beliefs. 1960s, Political movements, coalitions emerge. 1975, Self-Determination Act allows tribes to manage Indian specific programs in communities. 1978, Indian Child Welfare Act. Economic, occupational, land, and historic exploitation struggles.	Occupational, economic, family, generational, and interethnic differences.	Continue with stress of acculturation, displacement, economic struggles.	1940s, Rehab Act. 1960s, Access. 1970s, Deinstitutionalization. 1990, ADA Act. DD Bill of Rights. Fair housing.	1776, Declaration of Independence from England. 1924, Immigration Act restricted immigration. Early efforts to create a "melting pot" where new immigrants would take on European American culture. European American roots still lay the grounds of US culture.	1969, Stonewall Riot; turning point from isolated, local, peaceful protests to emerging national militant GLBT rights movement. Continue to struggle with recognition of existence, family, benefits, equal rights.

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	African American	American Indian	Asian American	Chicano/Latino	Disability	European American	G/L/B/T
Family	Kinship and extended family bonds. Considerable respect for elderly and elders' role in the family.	Structure differs with environment (city/reservation). Group life and family responsibility is of primary importance. Incorporate supportive non-family into family network. Respect for elders, experts, and those with spiritual power.	Family is central focus for life, is of primary loyalty, obligation. Great reverence for elders, ancestors, past. Patriarchal; structure includes both nuclear and extended families.	Family as central. Traditionally patriarchal, but is changing.	Depends on family of origin. Some people with disabilities were removed from their family of origin and placed in institutions. Staff and peers often regarded as family. Many people with disabilities receive foster care.	Immediate (nuclear) family composition; male/female headed homes, with current rise in single-parent headed families. Individual in nature. Role of elderly not central. Nuclear family provides most care.	Some GLBT individuals may not have contact with "family of origin" (parents, siblings). May have "families of choice" comprised of friends, neighbors, etc. GLBT individuals create families with children and have long-term partners.
Child Rearing	Considered authoritarian child rearing practices. Extended family also responsible for care.	Extended family also responsible for child care.	Strongest family role is between parent and child rather than between spouses. Role of parent is to define law and rules, role of child is to obey.	Parent-child relationships has more importance than the marital relationship. Tendency to be very nurturing and indulgent of children.	Often not allowed to have children. Stereotypes about parenting skills. Many still reside in institutions.	Move from mother providing care to shared task.	GLBT individuals have children both biologically and through adoption. Child rearing will vary based on individual and other cultural identification.
Religion	Strong spiritual orientation. Church may be the center of community with a multifaceted role. May associate with Christian denominations.	Belief in the interconnection of the natural and supernatural. Religion and spiritual beliefs part of culture. May associate with Christian denominations.	Eastern religions of Buddhism, Hinduism, Confucianism, Taoism, as well as Christian denominations.	Both Catholic and other Christian denominations.	Various religious affiliations, not offered opportunities to be integrated into local community churches. Pity care.	Various religious sects that represent wide range of denominations and beliefs. Primarily Christian with other religious affiliations.	GLBT individuals associate with variety of religious affiliations; may be associated with other cultural identifications. Exclusion from practice in some chuches.

	African American	American Indian	Asian American	Chicano/Latino	Disability	European American	G/L/B/T
Causes of Disability	May be viewed as bad luck or misfortune, or as the result of "sins of the fathers.	Incorporate ideas of multiple causality of illness and misfortune, some attributed to supernatural or natural causes. May accept scientific causes to explain how, but may turn to non-scientific resources to find why.	Varied reasons include naturalistic or metaphysical explanations (mother's failure to follow certain practices during pregnancy); divine punishment for sins or moral transgression committed by parents or ancestors; spiritual attributions (ghosts).	May be tied to religious beliefs, power of good and evil, reinforced by Catholic traditions. Idea of illness occurring due to presence of evil in the environment, a punishing God, as well as folk beliefs.	Varied beliefs depending on family and county and culture of origin. Belief in focus on strengths and abilities, rather than on causes.	No single causation is attributed to disability. Reasons offered are based mostly on scientific causes: genetic disorders, environmental agents, disease, pre- and perinatal trauma. Some also believe in social causes such as mother's care giving.	No general view can be identified. May need to consider other cultural identification for perspectives.
View of Services for People with Disabilities	May use local physician for basic health needs and holistic natural approaches to health.	May conduct traditional ceremony for healing prior or in addition to "Western" healing procedures. Practices may vary from one tribe to another.	May use supernatural and/or holistic healing practices.	May use natural healers as a preferred medical alternative to western resources.	Inclusion. Equal access. Appropriate supports. Functional vs medical model. Support vs. care taking.	Focus has been on greater access and equal opportunities, least restrictive environments, habilitation over rehabilitation. Pity.	Generally concerned with "gay sensitive" service providers and may not partake in services for fear of homophobia and discrimination.

	African American	American Indian	Asian American	Chicano/Latino	Disability	European American	G/L/B/T
Language Origins	May use Standard American English or a range of "African American-isms", influenced by some retained African language patterns. May serve a bond between other members of the African American culture. Verbal and non-verbal language is used to communicate feelings and thoughts.	Through history Native people have been punished for using tribal languages, which are now being used openly again. Bilingual and bi-cultural education programs are provided where native language is often taught. Some English words have no equivalent in native languages.	Depending on country of origin, varying dialects of the language may have the same or different meaning, may be influenced by a language from another country, may or may not be tonal gender specific or polysyllabic.	Spanish is the major unifying language, but idioms, speed, and dialects vary based on country of origin as well as geographic location in the US, plus the above mentioned factors.	Verbal vs. nonverbal communication, communication systems, sign boards, electronic devices, TDD, relay services, American Sign Language.	Anglo-Saxon origins established English as a primary language. Standard American English is spoken and taught. Accents and dialects differ according to region.	Languages spoken by GLBT individuals may vary with their cultural identification.
Communication Issues	May be used as a manner of identification with others. Some English references may be accepted for other African Americans to use, but not non-African Americans. Aural and interactive learning may be preferred. Need to pay attention to both verbal and nonverbal clues illustrating understanding and interest.	Need to pay attention to translation issues since many words have no English equivalent. Communication style may be different; avoiding eye contact, asking indirect questions, and communicating in the third person are signs of respect.	Language-learning experience directly influences the ability to develop proficiency in English.	Spanish speaking to varying degrees.	People who have no verbal communication skills may receive limited services, be misunderstood, ignored, or stereotypically judged incompetent.	Need to be aware of differences in usage of Standard American English caused by geographic local, class, socio-economic status, cultural identification, etc. factors. Direct communication and respect through direct eye-contact is considered the norm.	Some English words used by GLBT people may have different meaning, or may be accepted for use by other GLBTs and not heterosexuals.

	African American	American Indian	Asian American	Chicano/Latino	Disability	European American	G/L/B/T
Cultural Courtesies	Don't address the person or family members you're working with by their first name, unless given permission. Don't tell ethnic jokes. Don't chitchat with other co-workers when providing services. When visiting a home, ask the where you should sit, work, stand.	Can compliment a family on their child, but don't provide a lot of compliments. It's felt that this may bring harm to the child. Consult the family to see if certain toys or images are appropriate for use, some are deemed as bad luck. Consult with family or individual before removing any markings or objects they are wearing, these may be ceremonial and shouldn't be removed. Don't arrive at the home unannounced. Ask where you should sit, work, stand. Don't refuse food without giving an explanation.	Depending on country or origin (China, Korea) greetings will differ. Familiarize yourself with order of names and in what order to greet the family. Women typically don't shake hands with men, and children don't shake with elders. Direct physical contact is inappropriate. Emotional restraint is respectful. Soles of shoes shouldn't point towards a person. Removing one's shoes before entering the home is considered appropriate. If complements are offered about an object, the person may feel compelled to give it as a gift. Ask where you should sit, work, stand.	When working with a family and parents are both present, speak to the husband first. Don't decline a beverage or food offering. Engage in informal and relaxed exchange before beginning work. Don't use a harsh or authoritarian voice. Don't show impatience.	Ask where you should sit, work, stand. Call individual by name. Don't use labeling language. Provide equal opportunities. Provide needed accommodations. Don't make assumptions about abilities. Focus on strengths not deficits. Learn communication system used by individual. Ask about support needs. Don't help without aking.	Treat males and females with equal respect. Respect freedom of speech, but recognize that sex, politics, religion and personal characteristics aren't openly discussed. Persons are usually greeted openly and directly, respectful for eye contact to be maintained throughout interaction. Usually maintain space of an arm's length when interacting; don't expect to be touched. Punctuality is expected. Ask where you should sit, work, stand.	Don't use labeling words such as *gay* or *lesbian* until the person you're working with does so. Don't ask the person his or her sexual orientation; wait for them to identify themselves. Don't discuss with others the person's sexual orientation unless the person gives you permission to do so. Some people will display cultural symbols such as a rainbow flag or sticker or pink triangle, but others won't. Through relationship building, follow cultural courtesies which pertain to the culture in which the person identifies.

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	African American	American Indian	Asian American	Chicano/Latino	Disability	European American	G/L/B/T
Recommendations for Action	Address family members formally (Mrs/Mr/Ms) until given permission to use the informal (first name). Use informal support networks and recognize the importance of family, extended kin. Match the family preference for care with the care you provide. Be familiar with African American resources.	Be patient in the rapport building process. Include all members of the family which the parents include. Learn about the family's communication style. Notify family and individual that you will be asking questions, what types, and how you will use the information. Don't assume that all American Indians follow tribal practices. Don't ask about tribal ceremonies unless information is offered.	Focus on building trust. Recognize that disclosure is considered a betrayal of family loyalty and problems aren't often spoken about. Allow time for decision making. Favors may be given and expected to be graciously received. Use sensitivity when in such a situation.	Pay attention to interpersonal cues. Being hurried can be interpreted as disrespectful. Don't assume that the family or individual is literate in either English or Spanish. Identify culturally specific networks and services for referral and consultation purposes.	Don't stereotype. Respect dignity. Respect privacy. Ask about preferences.	Recognize that most parents are involved in care of children. Decision maker may be male or female. Most families expect appointments to be scheduled.	Recognize all identified parents of the person you're working with no matter what their gender; i.e. a child may have two fathers and one mother, two mothers only, two mothers and a father, one mother, one father, two fathers and two mothers. Respect the family or person's right to privacy about sexual orientation, they may not want others to know they are gay.

Section 2
In-Home Direct Service Supports

As was illustrated in the charts in the last section, child rearing is often a culturally prescribed family task. Family members have roles; families have rules; cultures share values about all family interactions. Not all members of a culture will agree on roles, rules, and values regarding child rearing, but for all members of that group, culture will have some degree of effect. Getting to know a family in the context of their community and culture includes simultaneously seeing both the broader culture and the individual family within their cultural context.

The following activity is designed to help assist you in gaining this understanding. It offers examples of questions you may want to ask those with whom you work to gain a better understanding of their lives. It will help you recognize that the family probably does things differently then you. Life tasks, family roles, child rearing practices, food preparation are just a few things that might be different.

Activity: Guidelines for In-Home Direct Service Supports

Part I: Family Structure and Child Rearing Practices

Family Structure

- What is the definition of family?

_____

_____

- Who are the members of the family system?

_____

_____

- Who are the key decision makers?

_____

_____

- Is decision making related to specific situations?

_____

_____

- Is decision making individual or group oriented?

- Do family members all live in the same household?

- What is the relationship of friends to the family system?

- What is the family hierarchy? Is status related to gender or age?

- With what cultural heritages does the family identify?

Primary Caregivers

- Who is the primary caregiver?

- Who else participates in the caregiving?

- What is the amount of care given by mother versus others?

- How much time does the individual spend away from the primary caregiver?

- Is there conflict between caregivers regarding appropriate practices?

- What ecological/environmental issues impinge upon general caregiving (e.g., housing, jobs, etc.)?

_____

_____

Child Rearing Practices

- What are the mealtime rules?

_____

_____

- What types of foods are eaten?

_____

_____

- What are the beliefs regarding breast-feeding and weaning?

_____

_____

- What are the beliefs regarding bottle feeding?

_____

_____

- What are the family practices regarding transitioning to solid food?

_____

_____

- Which family members prepare food?

_____

_____

- Is food purchased or homemade?

_____

_____

- Are there any taboos related to food preparation or handling?

_____

_____

- Which family members feed the child?

_____

_____

- What is the configuration of the family mealtime?

- What are the family's views on independent feeding?

- Is there a discrepancy among family members regarding the beliefs and practices related to feeding an infant or toddler?

Family Sleeping Patterns

- Does the infant sleep in the same room or bed as the parents?

- At what age is the infant moved away from close proximity to the mother?

- Is there any established bedtime?

- What is the family response to the infant when he or she wakes at night?

- What practices surround daytime napping?

Family Response to Disobedience and Aggression

- What are the parameters of acceptable child behavior?

- What form does the discipline take?

- Who metes out the disciplinary action?

Family's Response to a Crying Infant

- How long before the caregiver picks up a crying infant?

- How does the caregiver calm an upset infant?

Part Two: Family Perceptions and Attitudes

Family Perception of Child's Disability

- Are there cultural or religious factors that would shape family perceptions?

- To what/where/whom does the family assign responsibility for their child's disability?

- How does the family view the role of fate in their lives?

- How does the family view their role in intervening with their child? Do they feel they can make a difference or do they consider it hopeless?

Family's Perception of Health and Healing

- What is the family's approach to medical needs?

- Do they rely solely on Western medical needs?

- Do they rely solely on holistic approaches?

- Do they use a combination of these approaches?

- Who is the primary medical provider or conveyer of medical information? Family members? Elders? Friends? Folk healers? Family doctor? Medical specialists?

- Do all members of the family agree on approaches to medical needs?

Family's Perception of Help-Seeking and Intervention

- From whom does the family seek help – family or outside agencies?

- Does the family seek help directly or indirectly?

- What are the general feelings of the family when seeking assistance – ashamed, angry, demand as a right, view as unnecessary?

- With which community systems does the family interact (educational/medical/social)?

_____

_____

- How are these interactions completed (face-to-face, phone, letter)?

_____

_____

- Which family member interacts with other systems?

_____

_____

- Does that family member feel comfortable when interacting with other systems?

_____

_____

Part Three: Language and Communication Styles

Language

- Is the service provider proficient in the family's native language?

_____

_____

- Is the family proficient in English?

_____

_____

- If an interpreter is used, what is his or her primary cultural affiliation?

_____

_____

- Is the interpreter familiar with the colloquialisms of the family members' country or region or origin?

_____

_____

- Is the family member comfortable with the interpreter? Would the family member feel more comfortable with one of the same sex?

_____

_____

- If written materials are used, are they in the family's native language?

Interaction Styles

- Does the family communicate with each other in a direct or indirect style?
- Does the family tend to interact in a quiet manner or a loud manner?
- Do family members share feelings when discussing emotional issues?
- Does the family ask you direct questions?
- Does the family value social time with providers unrelated to the service program goals?
- Is it important for the family to know about the service provider's extended family?
- Is the service provider comfortable sharing that information?

Portions of this activity were adapted from Wayman, K.I., et al., 1990.

Summary

This chapter explores some of the common threads that tie seven specific cultural groups together while also looking at cultural differences and similarities between these groups. In addition, we discussed the importance of getting to know the families we work with in context of their culture. We explored how to learn about family context by providing a questionnaire. This information is critical for the paraprofessional who is trying to become more culturally competent.

Questions to Ponder

- What makes recognizing differences in people from different cultures important?
- What are some similarities that cultures share?
- What new information did you learn from the "Cultural Similarities & Differences" charts?
- Why do you think that we as a society tend to focus on cultural differences vs. cultural similarities?
- Why is it important to get to know a family in the context of their culture and community?

Chapter Six

6 Using Culturally Sensitive & Inclusive Language

61 **Introduction**

61 **Section 1 Language and Individual & Family Culture**

64 **Section 2 Bias in the English Language**

67 **Summary**

67 **Questions to Ponder**

Introduction

English, like many other languages, is riddled with terms and expressions that contain implicit prejudice. Many of the phases and words we use to communicate with others often label, stereotype, or demean individuals and groups of people. Unfortunately, many people don't even recognize that they're using language that is biased. This chapter is designed to help you begin to identify and use inclusive language.

Upon completing this chapter, you should be able to:

- Provide examples of how language discriminates and excludes people based on culture, gender, ethnicity, sexual orientation, and ability.
- Develop and awareness of how written and spoken language used in agencies and organizations is often non-inclusive.
- Develop an awareness of how agencies and direct service providers or paraprofessionals can use inclusive language.

Section 1

Language and Individual & Family Culture

All of us grow up using language that is modeled by our family and community. In a broad sense, this might mean speaking a language like English, Spanish, or Korean. In a narrower sense it might mean using slang, jokes, words, concepts, or other mutually understandable language that is familiar to friends and family but might not be recognized by people outside of this circle. We're taught language by a variety of sources, including our family, friends, neighbors, communities, and schools. The language we learn is that which is presented to us, and as children – and sometimes adults – we're rarely critical of the words and language we're taught to use. They simply exist as a part of the environment.

Language and Institutional/Organizational Culture

Earlier, we discussed institutional or organizational bias. We learned, for example, that many agencies and organizations serve people from diverse cultures but often know little about those cultures. For example, if an agency provides services to a family who recently immigrated from Russia, one might question whether the agency has access to an interpreter fluent in the Russian language.

However, communication is more than just words: in addition to the specific languages that the staff speak, "organizational language" is often communicated through pictures, images, forms, and available materials and resources. For example, an agency that claims to be multicultural but displays posters depicting only European American people may feel unwelcoming to consumers from outside the majority culture.

Paperwork that appears in English only may be difficult for people whose first language isn't English or who have limited reading or writing skills. There are many ways that the forms we use in agencies are riddled with bias, mixed messages, and assumptions. For example, forms which ask for spousal information may give a message that the agency doesn't welcome or have the ability to provide services to people who are not heterosexual. Forms might also refer only to men and use "he" when referring to others instead of using terms like *she, s/he, she/he,* or *he or she.*

Agencies and organizations that provide supports to people who use communication boards or other types of augmented communication may also be limiting multicultural experiences and understanding for the individuals they serve. Does the communication board refer to race, gender, culture, or sexual orientation? Do the pictures on the communication board depict people of differing cultures, genders, ethnicities, etc.?

Could people using such tools formulate questions about a person's culture that is different from their own? Is the language available to refer to people of differing cultures, ethnicities, genders, or sexual orientations – and, if not, what messages are being given?

Activity: Class Discussion

Think for a moment about who is represented, as either staff or consumers, in your agency or in agencies where you've worked:

- What languages are used and/or available within the agency?

_____

_____

_____

- How comfortable are the staff members with "street" language vs. "professional" language?

_____

_____

_____

- What types of music are played in the agency ?

- Is diversity discussed in the agency?

- Are certain topics which would address "difference" avoided?

- What do posters or decorations within the agency suggest?

- What happens when ethnic jokes are told?

- Would consumers of various cultures, abilities, ethnicities, sexual orientations, religions, or genders feel comfortable receiving or purchasing the agency's services?

- What changes can be made in your agency now to be more inclusive of different people? If your agency is inclusive, what are some examples of what they do to be this way?

Section 2
Bias in the English Language

Every language reflects the values of the culture that produces it. The English language has many strengths, however it isn't always the "best" language to talk about feelings, relationships, or imagery. This section draws on a few examples to show how problems concerning cultural sensitivity occur and to offer ideas for alternative solutions.

Family

Many other languages have specific words for family relationships that denote the degree of relationship as well as varying generations. For example, most people who speak English in the United States struggle to differentiate between second cousins and third cousins, as well as second cousins once-removed. These relationships are crucial in some cultures and those cultures have clear language to describe them.

Consider the word "family." Used by policy makers, it ordinarily refers to a heterosexual, nuclear family unit in which a man and a woman are married and have children. However, most non-European heritage cultures in the United States use this term in a much broader context to mean an "extended" family that includes grandparents, uncles, aunts, and cousins. Examples abound in which social workers, probation officers, or courts have required children to live with "family", clearly meaning a father and mother, preferably in one household. Very often, the child involved would feel quite comfortable living with an uncle – and would feel within both the letter and spirit of the requirement of living with "family."

Light and Dark

English usage also reflects the importance attention to color and race in defining status and power. This language – as well as many others – is full of references to "white" and "light" as being positive and to "black" and "dark" as being negative.

Think for a moment of all the expressions or images you know that use these terms. Some of these may include:

- A little white lie
- Forces of light vs. Forces of darkness
- As pure as snow; snow white
- Blackness, evil, corruption

- The "good guy" wears white; the "bad guy" wears black

There are, of course, some exceptions to this comparison, but the vast majority of words applaud "white" and condemn "black", and such language is frequently deeply ingrained in people. It's hard to challenge anything this basic to our culture, but it's important to begin recognizing and helping ourselves and each other re-frame these concepts and learn new more inclusive concepts and language.

Many African American clients feel especially burdened by this "light/dark" language, and many have taken it in personally enough to negatively effect their self-image. European Americans may feel privileged or special (although rarely consciously so) because of their "light" skin or hair color, but rarely discussed in public is the continuing positive evaluation of African Americans based on lighter skin color, at times both among African American and European American people. This "skin privilege" has a long and painful history (Hall, 1994).

Male and Female

There is a similar pattern of *male* being considered "positive" or "better than" and *female* being considered "negative" or "less than" in much of the English language.

One of the landmark studies in gender from the human service field comes from Broverman, Broverman, Clarkson, Rosenkranz, and Vogel (1970). They studied human service professionals in social work, psychology, and counseling whom they asked to describe a healthy mature, socially competent sex-unspecified adult (A), man (B), or woman (C) using a pool of 122 descriptive words.

Options B and C were typically described sex-stereotypically, while healthy adults and men were described in exactly the same terms ("aggressive", "independent", "objective", "direct", "adventurous", "never cries", etc.). Women were described in markedly opposite terms. For these clinicians (and others in studies that followed and replicated the study's results) it isn't possible to be an adult healthy woman. Women were often considered "dependent" which is understood as a negative characteristic, while men were considered "independent" which is understood as positive. Women were considered "emotional" (a negative), while men were considered "non-emotional" (a positive).

It's especially important to be able to discuss these concerns as we explore how language aids or hinders our work. It's also important to listen to people's concerns about language, as well as share our own. These are difficult issues to discuss and are crucial to making good decisions and developing and maintaining relationships across gender, culture, and other diverse issues.

Activity: Gender Bias

Consider the agency you work in, or agencies where you've worked previously.

- List some of the characteristics of an agency that isn't gender biased:

_____

_____

- List some of the characteristics of a gender biased agency and identify how these characteristics could be changed.

_____

_____

Using Inclusive Language

We've been discussing the importance of recognizing language that acts to perpetuate many different types of bias. Now that we have identified how language can stereotype and negatively effect people with or about whom we speak, we can now move to using inclusive language – language that includes everyone.

The following section can provide some guidance in using inclusive language.

To be inclusive:

- **Use non-labeling, non-sexist language:**

Instead of saying...	*You might say...*
"him" or "he"	"she or he" or "him or her"
"Joe has a disability"	"Joe is a person with a disability"
"that homosexual"	"Ann who identifies as a lesbian"
"Our neighbor the Jew"	"The Bergers, who are Jewish"

- **Avoid culturally offensive phrases, words, and jokes:**

Instead of...	*You might...*
Assuming that Jane has a husband	Ask about Jane's partner or significant other
Assuming that Omar lives with his parents	Ask about Omar's care providers
Saying "Merry Christmas" to Barry	Ask first if Barry celebrates Christmas
Repeating the joke you heard at a party	Think first if the joke is offensive or perpetuates stereotypes

- **Use appropriate non-verbal language**

Instead of...	*You might...*
Assuming it's OK to extend your hand to a new person you meet	Observe how they act non-verbally; it may be offensive to touch them
Assuming it's OK to make direct eye contact	Observe the eye contact the person makes with you and what they appear to be comfortable with

- **Listen to the person with whom we're communicating; Avoid making assumptions and judgments**

Instead of...	*You might...*
Speaking in your usual manner	Listen to the intensity and amount of words the other person uses
Using words that you traditionally use e.g., *husband* or *wife*	Listen to the words the other person uses, e.g. *partner* or *significant other*

Summary

This chapter has discussed how language reflects culture and acceptance. Specific examples were provided to illustrate non-inclusive language and how that may affect a person's feelings of acceptance. We explored organizational as well as individual language usage. The examples and activities will help paraprofessionals to be aware how important inclusive language can be in providing cross-cultural services and how important listening to the language used by people with whom they work.

Questions to Ponder

- How can paraprofessionals use language that is inclusive of people from different genders, ethnicities, abilities, cultures, sexual orientations, etc.?
- What can agencies do to make their organization language inclusive?
- How does language reflect the way people feel about others who are of different gender, culture, abilities, sexual orientation, or ethnicities than their own?

7

Chapter Seven

Being a Culturally Competent Paraprofessional

69 **Introduction**

69 **Section 1 Working with Families**

72 **Section 2 Celebrations and Food**

73 **Section 3 Health and Independent Living**

75 **Summary**

76 **Questions to Ponder**

Introduction

As a direct service provider, you have many roles and provide many types of services to people with disabilities and their families. These roles include providing instruction; assisting with self-care and grooming; involving children and adults in community activities; teaching and assisting individuals about activities of daily living (e.g. cooking, cleaning, budgeting, transportation); counseling; and collecting/documenting information about events/situations. These roles are provided in different environments: community grocery stores, banks, parental homes, group homes, classrooms, vocational day activity centers, and various work sites.

Regardless of the role or the environment, not a day goes by where you aren't faced with issues or situations that have a cultural basis. In all that you do, you must be culturally aware and culturally sensitive toward the individuals to whom you provide services and their families. This chapter is designed to assist you in identifying daily tasks and roles you have in providing supports which require you to be culturally competent. The topics it explores should be helpful to you in learning how to become a culturally competent paraprofessional when working with families, celebrating holidays and traditions, supporting people in preparing and eating foods, providing health supports, and in assisting people with independent living skills.

Upon completing this chapter, you should be able to:

- Provide examples of how paraprofessionals, organizations, and agencies can be culturally sensitive when working with families.
- Provide examples of how paraprofessionals can be culturally sensitive when assisting in preparing and planning meals.
- Provide examples of how paraprofessionals can be culturally sensitive when assisting in celebrating holidays and traditions.
- Provide examples of how paraprofessionals can be culturally sensitive when providing health supports and when teaching independent living skills.

Section 1
Working with Families

Direct work with families requires paraprofessionals to understand families within the context of their specific cultures. Depending on the cultural background of the families with whom you work, recognized boundaries, roles of family members, religious beliefs, and customs and courtesies may vary. It's important that you be

observant and work with the family to identify cultural customs, beliefs, boundaries, and roles that might be different than those from your cultural background. It's also important that you ask the individual and his or her family members how they feel about your gender or cultural background. If they're uncomfortable with you as their paraprofessional because of such differences, it will be important for you to communicate this to your supervisor immediately so that alternatives can be pursued.

Individual Bias

Some of the examples below might be helpful in illustrating the importance of understanding and learning about the families with whom you work from a culturally sensitive perspective.

Example 1: Providing In-Home Education

You're a paraprofessional that works for the local school district. One of your students receives in-home instruction on Monday, Wednesday, and Thursday mornings. It's about 9:00 on Thursday morning and you knock on the door of the student's house. His mother answers the door and welcomes you inside. You remove your shoes and begin talking with your student's mother. You notice that his grandmother has appeared from the kitchen. You talk about how their week has been and then ask if Marion is ready to begin his lessons. His grandmother indicates that he's upstairs in his bedroom. You begin to walk toward the stairs and his mother states, "We aren't prepared for visitors upstairs." You reply, "oh, that's OK – I don't mind." You continue upstairs and enter Marion's room. When you come back downstairs you notice that his mother and grandmother don't make eye contact with you and seem less willing to engage in conversation. You complete your lesson plan with Marion and leave. The next time you visit Marion and his family you "sense" that something's wrong.

What cultural assumptions were made in this situation? What could have been done differently? What recommendations do you have for addressing this issue in the future?

Example 2: Working in the Family Home

You provide in-home supports to a young child, Janet, who has epilepsy and no verbal communication skills. She lives with her parents and brother. One day when you're at Janet's home, you observe Janet making odd faces that you've never noticed before. Because she doesn't verbally communicate, you become worried that Janet might be sick so you take her temperature. Based on her temperature – 98.6° – you determine that there's nothing to worry about and you don't mention the odd faces to Janet's family . When you arrive the next day, you learn that Janet was hospitalized over night. You also learn that Janet's usual temperature is 96.6° and that her 98.6° temperature actually meant she was sick.

What cultural assumptions were made in this situation? What could have been done differently? What recommendations do you have for addressing this issue in the future?

Example 3: Making assumptions

A new boy, Josh, just moved into your school district and began attending school for the first time today. He's assigned to the classroom in which you work as an instructional assistant. Your teacher asked you to complete a reading assessment with Josh. Before the assessment, you decide to learn more about Josh and so you ask him where his mom and dad work. Josh doesn't respond to your question. You begin to wonder if he as communication and/or social interaction problems.

What cultural assumptions were made in this situation? What could have been done differently? What recommendations do you have for addressing this issue in the future?

Organizational Bias

In working with families, it's also important for the organizations and agencies which provide services to recognize cultural differences. There are many ways in which organizations and agencies aren't culturally sensitive. The hours the agency is open, scheduling of appointments or meetings, agency decorations, and wall hangings are all areas in which agencies can be culturally sensitive or culturally insensitive. Let's explore some examples:

Example 1: Celebrating Holidays

You work in a residential program for children with developmental disabilities. A family is coming that evening to look at this program as a potential placement for their son. When they approach the door of the program they notice Halloween decorations on the windows and a jack-o-lantern on the steps. They decide that they aren't interested in their son living in this home.

Why do you think this family didn't want their son to live in this home? Could this situation have been handled in a more culturally sensitive manner? If so, how? If not, why?

Example 2: Program Considers Discontinuing Services

You work as a direct service provider for a supported employment agency. You've been invited to attend an annual planning meeting for Tasha, a young woman for whom you're a job coach. The meeting is scheduled for 9:00 a.m. At about 9:30, your supervisor says, "I don't understand why her parents never show up for these things. If they don't start coming, I think we'll have to discontinue services."

Why do you think this family didn't show up for this meeting? Could this situation have been handled in a more culturally sensitive manner? If so, how? If not, why?

Section 2
Celebrations and Food

As a paraprofessional, you will have the opportunity to support individuals from various cultural backgrounds in purchasing, preparing, and eating foods. You will also have opportunities to celebrate various holidays and traditions with the individuals to whom you provide supports and their families. In order for you to provide these supports, it is critical that you understand and/or learn about the cultural backgrounds of the individuals you support.

Consider that we all have our own favorite foods and celebrate various traditions or holidays. But these foods, holidays, and traditions may be very different depending on our individual cultural backgrounds. The only way you can provide culturally appropriate services to people is for you to learn about various cultures, begin to identify ways in which supports are provided in culturally insensitive ways, and develop strategies for learning about the cultural backgrounds of the individuals you support. Let's explore some examples which illustrate how these supports are often provided in culturally insensitive ways.

Example 1: Food Bias in a Residential Program

You work in a residential supported living program. Your supervisor asks you to use the agency dietitian's pre-planned menus because they were developed in accordance with the rules and regulations which govern supported living programs. Jenelle's family is upset when they learn of the types of meals their daughter has been eating. They complain that there is too much meat and that there aren't enough grains and beans being served.

What cultural assumptions were made in this situation? What could have been done differently? What recommendations do you have for addressing this issue in the future?

Example 2: Food Bias in a Day Program

You work in a day program. You observe one day that Scott doesn't have a lunch with him at work. You call his parents at his home to make them aware of the situation but no one answers. You decide to go get Scott a burger for lunch. You're shocked when he refuses to eat and you send a note home with Scott for his parents explaining how you got Scott lunch but he refused to eat. The next day his parents call you and inform you that it's Ramadan, a month-long Muslim holiday in which people don't eat during the daytime.

What cultural assumptions were made in this situation? What could have been done differently? What recommendations do you have for addressing this issue in the future?

Example 3: Food Bias in In-Home Supports

You provide in-home supports to Kevin. His family tells you they're celebrating Kwanza that evening. You feel uncomfortable because you don't understand what they're celebrating but figure "it has something to do with their religion." Later, when talking to a peer, you learn that Kwanza is a holiday celebrated by many African Americans regarding the history of African Americans and includes dance, food, and drumming.

What cultural assumptions did the paraprofessional make in this situation? What could have been done differently? What recommendations do you have for addressing this issue in the future?

Example 4: Food Bias in an Educational Setting

You're attending a spring picnic at the school in which you work as a paraprofessional. In order to help out with the organizing, you assisted in planning the menu. You planned to serve a casserole, homemade rolls, pasta salad, and fruit. You notice that a few people are only eating the fruit. That seems odd to you given all the food that was available. You figure a number of people must be dieting. What you hadn't realized is that it's Passover, a week-long Jewish spring holiday of historical remembrance, and that during this holiday many people who are Jewish don't eat any foods with leavening or grains (including pasta and breads) or any foods which aren't Kosher.

What cultural assumptions did the paraprofessional make in this situation? What could have been done differently? What recommendations do you have for addressing this issue in the future?

As a paraprofessional, you need to be aware of the cultural backgrounds, foods, celebrations, and holidays of the people you support. Without this knowledge and understanding it's very easy to unintentionally provide culturally insensitive services.

Section 3
Health and Independent Living

As a paraprofessional, you will be providing many different types of supports to people with disabilities. These supports will often center around health related issues or may be designed to maximize independent living skills. You will likely find yourself assisting with personal care and grooming, cleaning, facilitating social events and relationships, budgeting, providing first aid treatments, building community connections etc. It's important for

you to recognize that not all cultures place the same level of importance on many of the issues related to independence and that many cultures view medical treatment differently. It will be important for you to gain insight and understanding regarding the health and independent living supports you provide to the individuals you support. The following examples may demonstrate the need to learn more about the individuals to whom you provide supports and about their cultural backgrounds.

Example 1: Residential Group Home

Amy, an African American woman, moved into a group home a few weeks ago. When her family came to see her for the first time about three weeks after she moved in, they were shocked at her appearance. Her hair was brittle and broken and her skin was extremely dry and flaky. When they asked the staff in the program why she looked this way, the staff responded by stating that she had taken a shower and washed her hair daily since she moved into the group home and that they just figured that was "the way Amy looked."

When Amy's family began to ask questions, they learned that the staff didn't know how to use the hair care products Amy brought with her when she moved into the home and so they bought her some new shampoo and conditioner. Amy's parents also learned that the staff thought the cocoa butter in Amy's grooming kit was for when she went out into the sun; they didn't realize Amy needed to use it to oil her skin daily.

What cultural assumptions were made in this situation? What could have been done differently? What recommendations do you have for addressing this issue in the future?

Example 2: Day Program

You work in a day program in which the workers load and unload trucks on a daily basis. A few days ago ImHo was loading a truck and injured his back. He was having difficulty walking and couldn't lift any weight. You tried to reach his family but were not able to locate them. Because you were worried about ImHo, you decided to take him to the emergency room. The doctor at this clinic prescribed pain killers and recommended that ImHo remain in bed for the rest of the week. You took ImHo home after the appointment. His parents didn't understand why you had taken him to the clinic and were angry that ImHo had already ingested one of the pills prescribed by the doctor. When you return to the day program you talk to your boss about the situation. The next week ImHo returns to work and you learn that he had been receiving acupuncture and taking herbal treatments over the past week. His back problems seem to be remedied.

What cultural assumptions were made in this situation? What could have been done differently? What recommendations do you have for addressing this issue in the future?

Example 3: Residential Program

You work as a direct service provider in a residential group home. You've been encouraging Rhonda to go out and meet people and to consider dating the men she meets at work and at church. Rhonda seems disinterested and tells you to "shut up" each time you mention her beginning to date men.

What cultural assumptions were made in this situation? What could have been done differently? What recommendations do you have for addressing this issue in the future?

Example 4: School

You work as a paraprofessional in a high school and you attended a transition planning meeting for Matt, a student you've been supporting for the past several years. The social worker brings up the idea of possible community living setting away from home for Matt. You notice that Matt's parents immediately look away and don't wish to discuss this issue with the social worker. You think a community living setting would provide an excellent opportunity for Matt to meet new people and to begin building an independent life. A few weeks later you're talking to a co-worker and begin to wonder if the reason Matt's parents don't want him to leave their home is because in his culture the oldest sons usually stay at home and care for their elders.

What cultural assumptions were made in this situation? What could have been done differently? What recommendations do you have for addressing this issue in the future?

Hopefully all these examples have provided you the opportunity to think about things differently and have encouraged you to begin to consider cultural differences when making decisions or assumptions about the people to whom you provide supports. Unless you make an effort to understand an individual's cultural context, you will likely put yourself in the situation of making mistakes such as those made by staff in the examples above. However, if you embrace the need to become culturally competent, you will likely be able to avoid delivering culturally insensitive supports.

Summary

This chapter has reiterated the need for paraprofessionals to provide culturally sensitive services. When the paraprofessional is unaware of cultural preferences, he or she may unknowingly make a culturally insensitive choice in providing supports. Specific examples were provided in the areas of working with families, foods and celebrations, and health and independent living to illustrate how easy it is to unintentionally be insensitive to cultural issues. It's hoped that through real-life examples and illustrations you

have been able to realize the importance of becoming a culturally competent paraprofessional.

Questions to Ponder

- How can paraprofessionals maximize their chances of providing culturally sensitive services to families?
- Have you ever provided culturally insensitive services? In what way? Can you provide examples?
- Do you think the only possible way to provide culturally sensitive supports to individuals and families is to ensure that paraprofessionals are from the same cultural backgrounds as the people they support? Why or why not?

Chapter Eight

8 Bringing Cultural Competence into the Future

77 Section 1 A Brief Review...

78 Section 2 Revisiting the Cultural Competence Continuum

Section 1
A Brief Review...

Why is it so important to be a culturally competent paraprofessional? As a support person to people with disabilities, you're in a position which is very personal in nature. To be successful, the person and their family must have faith in your ability to respect them and look out for their best interests. Being culturally sensitive to the person and his or her family goes a long way in creating this trust. In addition, people have a right to services that reflect their real needs and not the convenience of the service provider.

You've learned a lot about the importance of exploring cultural diversity, being culturally competent, and about providing culturally sensitive services to people with disabilities and their families. Let's review some themes we've explored in this training:

- Current respectful terminology and definitions and the importance of asking individuals what terminology they prefer when referring to their cultural- and self-identification.
- The continuum of cultural competence; the importance of identifying your own level of competence as well as the cultural competence of the agency in which you work.
- Understanding how cultural reference has different levels of importance for different people.
- The influence of an individual's culture, as well as your own, on the services you provide.
- The importance of exploring who you are culturally.
- What organizational and institution biases are and how they are reinforced through the media and are carried out in everyday practice within the agencies in which you work.
- How culture biases affect the assessment and service delivery process for people with disabilities.
- The identification and definitions of "isms" and cultural assumptions.
- Cultural, class, gender, socioeconomic, and educational influences and how they affect our perceptions of others.
- The importance of recognizing individual and intra-group differences within individual cultures.
- The existence of disability as a culture.
- The importance of using culturally sensitive language while also recognizing when non-inclusive language is used.
- How being culturally competent means being aware of cultural influences when working with families, considering celebrations and food, and facilitating independent living.

Section 2
Revisiting the Cultural Competence Continuum

The use of the cultural competence continuum in Chapter 1 helped you identify areas that you may want to focus on to better understand culture and diversity.

Remember that earlier in this training session we indicated that becoming culturally competent is process that occurs over time. We don't expect that you're now culturally competent for simply completing this training. However, we do feel that you will have likely begun (or continued) your process in becoming culturally competent.

The cultural competence continuum includes six points: cultural destructiveness, cultural incapacity, cultural inattention, cultural pre-competence, and basic and advanced cultural competence. Each of these points describes characteristics that an institution or a person holds. Let's review this continuum:

Cultural Destructiveness

Attitudes, policies, and behaviors are actively destructive to cultures and individuals within the culture. This would include dehumanizing people you work with who are not of your culture by denying them the rights you would allow members of your culture. A person at this point on the continuum assumes that one culture is superior to others. From this perspective the dominant group often controls and exploits those people that aren't part of the dominant group.

Cultural Incapacity

The person or system doesn't intentionally seek to be culturally destructive but lacks the capacity to work with people of other cultures. The person continues to believe that the dominant group is superior to other groups and may often maintain stereotypes about other groups. These people are characterized by ignorance, unrealistic fears, an inability to value or welcome diversity, and lower expectations of people from outside their culture.

Cultural Inattention

The person or agency expresses that they are unbiased toward members not of the dominant culture, but believes that culture, color, and ability make no difference. They function under the idea that everyone should be treated the same way. This approach ignores the strengths that diverse cultures provide, covertly encourages assimilation to the dominant culture, and ends up blaming people rather than cultural bias for their problems.

Cultural Pre-Competence

The person recognizes that he or she has weaknesses in serving members of cultural minority groups and attempts to improve the way she or he works with people of a divergent population. This person asks, "What can I do"? This person has begun the process of becoming culturally competent, but often lacks information on what is possible and how to proceed.

Basic Cultural Competence

The person accepts and respects difference while continuing to assess her or his own culture. The person continues to pay close attention to dynamics of difference and to expand her or his own cultural knowledge and resources. The person varies the way she or he provides service to people with whom she or he works in order to meet their needs and their cultural identity.

Advanced Cultural Competence

The person seeks to add to the cultural knowledge she or he already has. The person holds culture in high esteem, can identify discrimination based on culture, and advocates for cultural competence in the agencies and systems in which she or he belongs.

In continuing your journey toward cultural competence, it may be useful to develop an individual plan for your continued learning process. The following activity is designed to assist you in developing a plan for your cross-cultural competency. The questions included within this activity will hopefully assist you in developing your own culturally competent plan for the future.

Activity: Visiting My Cross-Cultural Competency and Planning for the Future

- Where did I fall on the continuum *before* this training?

_____

_____

- Where do I fall on the continuum *now*?

_____

_____

- Where do I want to fall on the continuum in the *future*?

_____

_____

- My plan for getting to another level on the continuum include some of the following ideas: (Fill in the ones you're interested in working on.)

- Reading about specific cultures that I want to learn more about. *Which ones? By when?*

- Interviewing or engaging in discussion with people who identify with cultural groups I want to learn more about. *Who? How will you find people? By when?*

- Watching media sources to learn more about cultural biases, stereotypes, and assumptions and to become more culturally aware. *How many? By when?*

- Attend cultural events for cultural groups I want to learn more about. *How will you locate events? What types of events?*

- Keep a journal about my thoughts and feeling about my own cultural competency. *How often? Will you discuss my thoughts and journal entries with anyone? Who?*

- Discuss and look for cultural competency within the agency in which I work. *Discuss my observations with whom? Will you advocate for change in policies and regulations if the current ones aren't culturally inclusive?*

- Other ideas that I have for my cultural competency plan for the future.

Enjoy an exciting learning process as you explore and celebrate diversity and culture!

Appendices

81 **Appendix A Glossary**

91 **Appendix B Resources**

Appendix A
Glossary

Able-ism: A spin on the word *handicapism* where the emphasis is on what a person can do instead of his or her deficits.

Acculturation: The process of adapting cultural traits or social patterns of another group. The process typically occurs for immigrants in their new home or whenever there is prolonged contact between two divergent cultures.

African American: A diverse group people whose ancestors were brought to North America as slaves from the continent of Africa. This term, unlike *Black*, links African Americans as a group to the continent of their ancestors. Some African Americans are able to identify their country of ancestry, for example Senegal, Nigeria, Ghana, or Cameroon. *African American* and *Afro American* are documented as terms of self-identification in the 1800s. *African American* is preferred by many over the term *Black*. See also *Black*.

Ageism: Discrimination practices against individuals based on the belief that certain ages are more credible, inherently better, or more knowledgeable. In our society, older people commonly tend to be discriminated against because of their age but it can also happen to younger people.

American Indians: A diverse group of people in North, South, and Central America and the Caribbean. American Indians are members of hundreds of individual nations, speaking distinct languages and maintaining diverse cultural and spiritual traditions. Legal inclusion as part of the tribe usually requires an individual to be one-quarter Indian by birth (but this criteria varies by tribe and government agency). Whenever possible refer to specific tribe or nation. See also *Indian, Native american.*

Asian American: A group of great cultural and ethnic diversity. Pertains to Americans of Asian ancestry. Also pertains to American descendants from the Pacific rim, which includes areas of the northwest Pacific Ocean which is composed of more than 2,000 islands. A small sample of countries included in this group are China, Japan, Korea, India, Vietnam, Laos, Taiwan, Cambodia, Thailand, Indonesia, Hawaii, and the Philippines. *Asian/Pacific* is preferred in place of the term *Oriental*. Whenever possible refer to specific country of origin or clan. See also *Oriental.*

Assimilation: The process by which members of a racial or ethnic group adopt the characteristics of mainstream culture.

Balanced Perspective: An orientation to diversity issues which is even-handed and sensitive to different realities faced by others.

Band: A division of an Indian tribe, often made up of an extended family. Bands often adopt a sacred emblem identifying spiritual

closeness with a specific animal.

Belief: Acceptance for conviction in the truth or existence of something.

Bias: A preference or inclination that causes a prejudiced view. An uninformed or unintentional inclination that favors one group over another.

Bicultural: Acquired norms, attitudes, and behavior patterns of one's own and of another ethnic group. Can also refer to a person born of parents who represent two distinct ethnic groups.

Bisexual: Used to indicate someone whose attractions are not currently confined to one gender or a person whose romantic affections and erotic attractions can be to either a man or woman.

Black: Of or relating to brown or black skin color. Has been used to describe people who are of African, Caribbean, or South American origin. Includes some people who are Mexican, Puerto Rican, Cuban, Brazilian, Haitian, Jamaican, Guyanese, Trinidadian, Tobagonian, West Indian, and others. Primary usage of this term began in the 1960s to identify African American heritage. It was preferred over the term *Negro,* which was primarily used as a societal reference until that time. The term *Black* grew out of race pride movements of that era. *African American* is preferred by many. See also *African american.*

Chicano(a)/Mejicano: See *Mejicano.* See also *Hispanic, Latino.*

Clan: A group within a tribe or a social group made up of several families who trace descent from a common ancestor and may share property.

Class: Social strata whose members share similar economic, social, or cultural characteristics.

Classism: Discrimination against people based on their social strata because they may not share certain economic, social, or cultural characteristics.

Coming Out: Realization of one's gay or lesbian sexual orientation and the subsequent disclosure of that orientation to one's self and to others. Coming out is a contextual process which will be experienced and understood in ways that are consistent with gender differences in socialization, ethnicity, and other aspects of an individual.

Community: A working relationship of individuals, families, and institutions which is defined and delineated by shared history, values, and traditions.

Cross-Cultural: Interactions which occur between and among different cultures.

Cultural Bias: Preferences or inclinations that cause a prejudiced view relating to a culture—includes social, intellectual, or artistic aspects of culture, views, policies, procedures, etc. that favor or privilege one culture over another. See also *Bias.*

Cultural Competence: A developmental process of responding to cultural differences. The culturally competent system of care is made up of five essential elements that contribute to a system, institution, business, or agency's ability to work effectively with differences: 1) valuing diversity; 2) having the capacity for cultural self-assessment; 3) being conscious of the dynamics inherent when cultures interact; 4) having institutional cultural knowledge; and 5) having developed adaptations to diversity. Each element must function at every level of the system.

Cultural Complementary: Diverse people working together, valuing the attributes that such diversity brings to the group, in a combined effort to attain mutually created goals that would be difficult to accomplish via separate efforts.

Cultural Identity: Identification with and attachment to the beliefs, values, behavior, and material objects shared by a particular group. See also *Ethnic identity.*

Cultural Pluralism: A pattern in which different groups (racial, ethnic, etc.) retain cultural features that are distinct in each group but also acquire cultural features that are common to all groups in mainstream society.

Cultural Relativism: The practice of judging any culture by its own standards. This requires resisting the impulses to judge another culture by the standard of one's own culture.

Cultural Sensitivity: A concept of openness to the attitudes, feelings, and circumstances of other cultures.

Culturally Appropriate/Culturally Relevant: Suitable for and connected with a particular group given prevailing or acceptable standards or circumstances of that group. Many culturally specific programs are not culturally appropriate or culturally relevant. See also *Cultural competence, Cultural identity, Culturally specific.*

Culturally Specific: Broadly designating, relating to, or characterizing a particular group. Within a culture there will be many distinguishing characteristics, customs, practices, and beliefs, etc.

Culture: Social patterns, arts, beliefs, institutions, and all other products of human work and thought characteristic of a community or population.

Custom: A practice followed as a matter of course among a people or society; conventional actions.

Discrimination: The differential treatment of individuals or groups based on categories such as race, ethnicity, sexual orientation, religion, gender, social class, language use, or other perceived differences. To treat a member of such a group as inferior is to discriminate. Discrimination is a behavior.

Diversity: Differences in how people of various cultures go about meeting their needs. Differences in communication, life view, definitions of family, experiences of institutional racism, cultural

bias, etc. are critical aspects of diversity. See also *Inclusiveness, Multicultural/multiculturalism, Pluralism/pluralistic.*

Dominant Power Group: See *Majority group.*

Ethnic Background: Social or cultural characteristics such as religion, race, and national or cultural history.

Ethnic Identity: Includes many components—ethnic awareness, ethnic self-identification (the label used for one's own group), ethnic attitudes (feelings about one's group and about other groups) and ethnic behaviors (patterns specific to a group).

Ethnicity: Belonging to a particular group. Passed from generation to generation; generally not an easily discarded affiliation.

Ethnocentrism: A tendency to view one's own group as the norm or standard and to view other groups as not just different but also strange and usually inferior.

European-American: People of European ancestry, including people of English, French, German, Irish, Scandinavian, and Slavic backgrounds. Term came about to recognize the visible ethnic heritage of many white Americans. See also *White.*

Euro-Ethnics: See *European american.* See also *White.*

Extended Family: Parents, children, grandparents, aunts, uncles, friends, in-laws, godparents, and others living together or in close proximity. Authority over children, family affairs, and different family members may vary within the extended family depending on values, customs, traditions within family units, tribes, nations, societies, and communities.

Gay: Sometimes used to refer to the entire "gay" community, inferring people whose romantic affections and erotic attractions are to people of the same gender. However, this is an issue when it is presumed that gay men and lesbian women are part of a monolithic community. It is felt that it is more accepting of the diversity between women and men to refer to men who are attracted to people of the same gender as *gay men* and women who are attracted to people of the same gender as *lesbians.* See also *Lesbian.*

Gay Bashing: The act of physically or emotionally abusing an individual because of his or her identified sexual orientation as a gay male, lesbian, bisexual, or transgender.

Gay Lifestyle: The presumed assumption that all people of the gay community have similar, if not identical, ways of living. This stereotype does not allow for realistic differences among individual gay men, lesbians, bisexuals, and transgender groups.

Gender: Signifies a person's personal, legal, and social status. It is important to distinguish between *gender* and *sex. Sex* is a matter of biology.

Gendered Discrimination/Gendered Racism: An experience of both racism and sexism. This usually occurs when the person is of a protected class group and has been most frequently used to de-

scribe the experiences of women of color.

Heterosexism: The societal and institutional belief system that values heterosexuality as superior and/or more natural or normal than gay, lesbian, bisexual, and transgender sexual orientations. It also includes the presumption that society only consists of heterosexually identified people. This can be illustrated in agency materials which ask "who is your spouse?" without considering using a more inclusive term like *partner.*

Heterosexual: Those individuals whose affectional/erotic attractions are to members of the other gender.

Hispanic/Hispano: Term currently least favored because of the reference to Spanish conquest. American people of Spanish-speaking ancestry. Characteristic of the language, people and culture of Spain and Portugal, as well as Central America, South America, and Mexico. Use of various descriptors have to do with linguistic, political, cultural, economic and geographic realities. For example, *Hispanic* is preferred in the Southeast and much of Texas. New Yorkers use both *Hispanic* and *Latino.* In California, the term *Hispanic* is no longer used in mainstream newspapers because of community protest. In New Mexico some people prefer *Hispano.* In political circles there are variations on the use of the words as well. To be most inclusive and sensitive to different political and cultural perspectives use *Chicano* and *Latino* when referring to the culture generally. See also *Latino, Mejicano.*

Homogeneous: Similar; uniform; like in nature or kind.

Homophobia: Fear of sameness; implies fear of homosexuals.

Homosexual/Homosexuality: Those individuals whose romantic affections and erotic attractions are to members of the same gender, but the terms *gay man, lesbian, bisexual man* or *bisexual woman* are preferred. It is felt that *homosexual* is a clinical term that carries with it negative stereotypes and conveys ambiguity.

Ideology: Ideas reflecting needs and aspirations of an individual, group, or culture.

Inclusiveness: Includes everyone; taking a great deal or everything in its scope. May contain specific references to protected class groups (particularly ethnic groups such as African American, Asian/Pacific American, Chicano/Latino American, Native American), balanced and gender-fair representation. Inclusive language has been used to revise government job titles and is mandated by a number of publishers, government offices, businesses and educational systems. See also *Diversity, Multicultural/multiculturalism, Pluralism/pluralistic, Social inclusiveness.*

Indian: Many non-Indians avoid this term because of stereotypes associated with phrases such as *wild Indians* or *cowboys and Indians.* Many people avoid the term *Indian* as a corrective to Columbus's mistaken appellation. It should not be assumed the term *Indian* is necessarily offensive. *Indian* is also a term used to express ethnic

pride and respect. See also *Native american, American indian.*

Institutional Racism or Institutional Discrimination: Any arrangement or practice within a social institution or its related organizations that tends to favor one race, ethnic group, gender, etc. (usually the dominant power groups) over another. Institutional racism/discrimination may be conscious and deliberate or subtle and possibly unintended.

Intercultural: Between or among a specific cultural group.

Kinship System: A group of individuals who are related to one another either by blood lines, marriage, friendships, intimate relationships, etc. Within the groups there is usually a division of authority, privilege, responsibility, and economic and gender roles that vary depending on the values of the group. The definition of kinship differs from one community, nation, or society to another.

Latin America: A division of the Americas, consisting broadly of the countries of Central and South America and Mexico.

Latino(a): A person of Latin American descent. See also *Hispanic, Mejicano.*

Lesbian: A female whose romantic affections and erotic attractions are to members of the same gender. This term is preferred to the terms *homosexual* or *gay.*

Mainstream: See *Majority group.*

Majority Group: Any social group that receives more than a proportionate share of the wealth, power, and social status in the society. Generally not a numerical majority. See also *Minority.*

Mejicano/Chicano(a): Of or relating to Mexican American or that culture. Refers to one of seven Nahuatl-speaking tribes and to the citizens of the Republic of Mexico or things pertaining to them. The spelling of the Spanish name of people whose ancestors lived in Mexico. It is not *Mexicano.* To distinguish in English between citizens of the United States who are of Mexican dissent and citizens of Mexico, use *Mexican American* or *Mexican. Chicano* is a variant of *Mejicano* and refers to an American of Mexican ancestry. In some regions of the U.S. the term relates to ethnic pride; in others it may be derogatory. Be careful in the use of the terms. See also *Hispanic, Latino.*

Minority: Historic usage refers to groups receiving differential and unequal treatment because of collective discrimination. Represents subordinate segments of society. Groups with traits that are seen as undesirable by the dominant segments of society. Contemporary usage refers to a numerical criteria which many groups consider offensive because of the greater number of "people of color" or "minorities" worldwide.

Multicultural/Multiculturalism: Relating to several different cultures. Also describes a variety of coequal status without comparing one group to another.

Nation: An organization of communities which is defined by its shared history, languages, values, traditions. *Nations* defines the legal status of American Indians, as well as a self-concept Indian people hold as citizens of distinct tribal groups with specific and unique cultural and political identities.

Nationalities: Status of belonging to a particular nation by origin, birth, or naturalization.

Native American: Frequently used as a means of avoiding stereotypes and acknowledges people indigenous to America prior to Columbus. The term *native people* is used to be inclusive of indigenous people worldwide. See also *American indian, Indian.*

Norm: A standard, model or pattern regarded as typical for a specific group. Also rules by which society guides the behaviors of its members.

Nuclear Family: A father, mother, and their children living apart from other kin or a father or mother and his or her children. In some communities, units of this nature do not exist.

Of color: Generally refers to African Americans, Chicano/Latino Americans, Asian/Pacific Americans, and American Indians.

Oppression: The unjust or cruel exercise of authority or power. To oppress means to crush or burden by the abuse of power.

Oriental: An obsolete term to describe Asian Americans. It has been objected to on two grounds: it suggests racial rather than cultural identity, and it identifies the place of origin in terms of its location relative to the West rather than in absolute terms. See also *Asian american.*

Pluralistic/Pluralism: The idea that society has numerous ethnic, religious, or cultural groups remaining distinct but coexisting within one nation with social parity.

Power: The ability of an individual or group to impose its will on others.

Prejudice: A tendency to think about people in a categorical, predetermined way; an emotional, rigid attitude that strongly resists change, a preconceived preference or idea, a bias; irrational suspicion or hatred of a particular group. Prejudiced people tend to be so committed to their prejudgments that even when given rational evidence that their prejudgments are invalid they will insist that they are right and denounce the evidence. Prejudice may be expressed by thoughts, emotions, or implication.

Protected Classes: Groups who have suffered from the effects of past or present institutional discrimination and are legally protected; referenced in affirmative action/equal opportunity statements and legislation as *women, disabled, disadvantaged racial/ethnic groups, veterans,* etc.

Race: A human population distinguished as a more or less physically distinct group by themselves and by others.

Racism: Discriminatory practices or the belief that certain races, especially one's own, are inherently superior to others.

Redefinition: A process of changing one's operating principles or personal framework regarding an issue, group, or individual.

Segregation: The separation of groups into separate neighborhoods, schools, workplaces, etc. May result from deliberate and open policies calling for segregation or more subtle processes.

Separatism: The establishment of, or attempt to establish, entirely separate societies made up of distinct racial, ethnic, or other groups.

Sexism: Oppression based on gender, characterized in our society by systemic exclusion, presumptions, and practices that subjugate, disadvantage, and devalue women.

Social Inclusiveness: The social composition of an organization that makes no one feel "out of place" because of gender, race, sexual orientation, physical ability, age, or ethnicity, etc. See also *Inclusiveness.*

Sovereignty: The concept that nations should maintain autonomous control over their own economic and political destinies.

Spirituality: Any philosophy, doctrine, tradition, custom, or religion emphasizing the spiritual rather than material; having highly developed qualities of mind or sensibility.

Standard English: The variety of English that is most widely spoken and written, as distinct from vernacular forms of English spoken by a range of people.

Stereotyping: A form of prejudice and discrimination which attributes a fixed and usually unfavorable or inaccurate conception to a whole category of people; stereotypes sometimes contain some truth but usually are exaggerated or distorted.

Straight: Slang term used to refer to those individuals who are attracted to members of the opposite gender. See *Heterosexual.*

Systemic Discrimination: Systems, regardless of intent, creating unequal opportunities for women, people of color, and other protected class groups. Could be employment, legal, medical, educational systems, etc.

Traditionals: American Indians who live according to many or all aspects of their native culture.

Traditions: Cultural elements that are passed down from generation to generation.

Transgender: A person genetically of one gender with a psychological urge to belong to the opposite gender. This person has not had surgery for sex reassignment, may never have surgery, and may or may not assume the lifestyle of the opposite biological gender.

Transsexual: A person genetically of one gender with a psychological urge to belong to the opposite gender who has undergone

surgery to modify his or her sex organs to mimic that of the opposite biological gender.

Treaty: A formal agreement between two nations regarding trade, boundaries, alliance, etc. Congress terminated treaty making with Indians in 1871. Although many treaties have been broken, some are still active today. Indians often reaffirm treaty rights through the courts.

Tribal Council: The governing body of most reservations, made up of council persons elected by adult tribal members and a separately elected tribal chair.

Tribe: A group or persons, families, or bands sharing kinship, territory, culture or history.

Values: Culturally defined standards of desirability that serve as broad guidelines for social life.

WASP: Acronym for *White Anglo-Saxon Protestant*; has become synonymous with oppression, discrimination, and feelings of superiority.

White: A member of a racial group of people having very light to brown skin coloration, especially of European origin. Also includes people indigenous to Northern Africa, Western Asia, and India.

White Ethnics: See also *European american, White.*

The definitions here were adapted from United Way & Gray Hall (1994), Gonsiorek & Weinrich (1991), Greene (1994), Kite (1994) and Shidlo (1994).

Appendix B
Resources

This list of resources has been adapted from *Diversity Bibliography*, compiled by Theresia Ahn and Marijo McBride, Insititute on Community Integration.

Videotapes

A Recipe for Life. Write for a free copy: Eileen Hoppe, Westwood Elementary School, 5800 Rigewood, St. Cloud, Minnesota 56303.

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Lynch, E.W. & Hanson, M.J. (1992). *Developing Cross-Cultural Competence: A guide for working with young children and their families.* Publisher: Paul H. Brooks Publishing company, P.O. Box 10624, Baltimore, Maryland, 21285-0624

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Fiedler, F.E., Mitchell, R.Y., & Traidis, H.C. (1971). The cultural assimlator: An approach to cross-cultural training. *Journal of Applied Psychology, 55,* 95-102.

Minnesota Department of Education. (1993). A Resource Supplement for Educators: Native People in Minnesota & Hispanics in Minnesota. *Aware: Celebrating Diversity, 1&2.*

Pathfinder Resources, Inc. (1994). Service Delivery Barriers Overcome when Cultural Diversity is Respected. *Child Link, 6* (2), 4.

Triandis, H.C, Feldman, J.M., Weldon, D.E., & Harvey, W.M. (1974). Designing pre-employemtn training for the hard to employ: A cross-cultural psychological approach. *Journal of Applied Psychology, 59,* 687-693.

Newletters & Other Publications

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Gee, E., et al. (1976). *Counterpoint: Perspectives on Asian Americans,* American Studies Center. University of California.

Hickey, C.A., & Solis, D. (1990). *The Recruitment and Retention of Minority Trainees in University Affiliated Programs-Hispanics:* ed. M.S. Kuehn. University of Wisconsin-Madison. Madison, WI.

Insititute on Community Integration, University Affiliated Program. I*mpact Newsletter*

Jamestown Area Labor Management Committee, Inc. *Managing Diversity: A monthly source of information, ideas, and timps for people managing a Diverse Workforce.* P.O. Box 819, Jamestown, NY, 14702-0819. 716/665-3654.

Keiter, J.J. (1990). *The Recruitment and Retention of Minority Trainees in University Affiliated Programs-Asian Americans:* Ed. M.L. Kuehn. University of Wisconsin-Madison. Madison, WI.

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References & Resources

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